Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	C 00030766
Check if 24-hour report X 48-hour report New report Amends report filed	on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Caleb Craig	09 18 2014
Mailing Address 1410 Bushville drive	Amount
City State Zip Code	120.00
Lenoir NC 28645	Transaction ID : 7789f2d7-66cd-40a9-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary X General Other (specify) ▶
Full Name of Payee Caleb Craig	Date of Public Distribution/Dissemination
Mailing Address	09 18 2014
Mailing Address 1410 Bushville drive	Amount
City State Zip Code	21.00
Lenoir NC 28645	Transaction ID: 4ae83fae-d424-4c50-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M 09 / 18 / Y Y Y Y Y Y
	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	141.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	9 20 2014
Signature	

Schedule E)	PENT EXTEND	HONES	PAGE 2 OF FOR SE OF FORM 24	90 l/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMB	ER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemina	ation
Eric J Smith			09 / 18 / 2014	
Mailing Address 4967 Dysartville			Amount	
City	State	Zip Code	8	0.00
Morganton	NC	28655	Transaction ID : eb860076-95b1-418 Date of Disbursement or Obligation	37-9
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y 2014	
Name of Federal Candidate		Support	Office Sought: House District: _	00
Ms. Kay Hagan		X Oppose		NC
Calendar Year-To-Date Per Election for Office Sought		317617.51	Disbursement For: Primary	eneral
Full Name of Payee			Date of Public Distribution/Dissemina	ation
Jennifer E Smith			09 / D D / Y Y 2014	4
Mailing Address 4967 Dysartsville Rd			Amount	
City	State	Zip Code	80.	.00
Morganton	NC	28655	Transaction ID : e27f3381-3cb3-43fb Date of Disbursement or Obligation	-8
Purpose of Expenditure Salary		Category/ Type 001	09 / 18 / Y 2014	
Name of Federal Candidate		Support	Office Sought: House District: _	00
Ms. Kay Hagan		X Oppose	President State:	NC
Calendar Year-To-Date Per Election for Office Sought	7	317617.51	Disbursement For: ☐ Primary ☐ G 2014 ☐ Other (specify) ▶	eneral
(a) SUBTOTAL of Itemized Independent Exper	ditures		160.0	0
, , ,			4	
(b) SUBTOTAL of Unitemized Independent Exp	penditures		>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any cap party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 20 2014	
S.g.iataio				

Schedule E)		PAGE 3 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	/ = M / D = D / Y = Y = Y
Full Name of Payee	Date	of Public Distribution/Dissemination
Jennifer E Smith		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartsville Rd	Amou	ınt
City State Zip Coo	de	9.00
Morganton NC 28655	Trans	saction ID: b76e12c9-f321-4a41-b of Disbursement or Obligation
Purpose of Expenditure Mileage Categ		09
Name of Federal Candidate	Support Office Sough	nt: House District: 00
Ms. Kay Hagan	Oppose Presid	NC NC
Calendar Year-To-Date Per Election for Office Sought 317617.5	Disbursemer 2014	nt For:
Full Name of Payee	Date	of Public Distribution/Dissemination
John W Antonetz	l P	09 18 2014
Mailing Address 11127 Gila Valley Dr		09 10 2014
1	Amou	ınt
City State Zip Co	de	10.00
Little Rock AR 72217	Transa Date	action ID : ff2141e4-6b15-44c0-9 of Disbursement or Obligation
Purpose of Expenditure Salary Categ	ory/ ype 001	09 / 18 / 2014
Name of Federal Candidate	Support Office Sough	ht: House District: 00
Mr. Mark L Pryor	▼ Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought 924	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	19.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······································	7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Fil	ed] Date 09	20 2014
Signature	24.0	

Schedule E)	ZIVI ZXI ZIVI	SHORES	<u> </u>	PAGE 4 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
John W Antonetz			M 09 /	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11127 Gila Valley Dr			Amount	
City	State	Zip Code		6.00
Little Rock	AR	72217	I	: fe6eee80-e0df-4242-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		92412.03	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
James Kindstedt			M M M /	18 2014
Mailing Address 5510 Dogwood Dr			Amount	
City	State	Zip Code		27.50
Winston Salem	NC	27105		: b219e0e4-5398-44cd-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	317617.51	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expen-	ditures			33.50
,,			——————————————————————————————————————	7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 / 20	2014
S.g.iataro				

Sched	ule E)	T EXI EILD			PAGE 5 OF 90 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full	Name of Payee			Data	of Public Distribution/Dissemination
Ja	mes Kindstedt				09 18 2014
Mail	ing Address 5510 Dogwood Dr			Amou	nt
City		State	Zip Code		5.10
	ston Salem	NC	27105		action ID : e6886156-7f9c-43d5-9 of Disbursement or Obligation
	oose of Expenditure eage		Category/ Type 002	M	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nam	ne of Federal Candidate		Support	Office Sough	t: House District:00
Ms.	Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	3	17617.51	Disbursemen 2014 O	t For:
	Name of Payee	_		Date	of Public Distribution/Dissemination
Jo	anna Kindstedt			N	09 18 2014
Mail	ing Address 2134 Tobaccoville Rd				09 10 2014
				Amou	nt
City		State	Zip Code		27.50
	ral Hall	NC	27045	Transa Date	oction ID: 0e8e8a30-1935-4dc3-9 of Disbursement or Obligation
Purp Sal	oose of Expenditure ary		Category/ Type 001	N	09 / 18 / Y 2014
Nan	ne of Federal Candidate		Support	Office Sough	t: House District:00
Ms.	Kay Hagan		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	317617.51	Disbursemen 2014	t For:
(a) S	UBTOTAL of Itemized Independent Expenditure	es		•	32.60
(b) S	UBTOTAL of Unitemized Independent Expendi	tures		•	7 1 7 1 7
(c) T	OTAL Independent Expenditures			•	7 1 7 1 7
with,	r penalty of perjury I certify that the independent or at the request or suggestion of, any candidate committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	09	20 / 2014
Si	gnature				

Schedule E)		101120		PAGE 6 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-h	nour report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Data of Public	c Distribution/Dissemination
Adena V Smith			Date of Public	/ Distribution/Dissernination / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 450 Judson Dr			Amount	
City	State	Zip Code		22.50
Wake Forest	NC	27587		ID: 9ad7556d-5abe-4162-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 09	18 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	17617.51	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Lorri Anderson			09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp [Or			2014
·			Amount	
City	State	Zip Code		25.00
Charlotte	NC	23215	Transaction II Date of Disb	D: d821ade2-e56f-44c1-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		317617.51	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent	dent Expenditures		•	47.50
(b) SUBTOTAL of Unitemized Indepe	endent Expenditures		. •	7 1 7
(c) TOTAL Independent Expenditure	s		•	
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party of	of, any candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	9 09 20	/ Y Y Y Y Y Y 2014
Signature				

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	G 00030700
Check if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Lorri Anderson	09 18 2014
Mailing Address 7214 Duchamp Dr	Amount
City State Zip Code	11.70
Charlotte NC 23215	Transaction ID: 2b2b53ab-9c6d-4510-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 18 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Krystal A Wilson	Date of Public Distribution/Dissemination
Mailing Address 448 Judson Dr	09 18 2014
Walling Address 448 Judson Dr	Amount
City State Zip Code	22.50
Wake Forest NC 27587	Transaction ID: f959431a-7c3a-4e5d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 18 / Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	34.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	9 20 2014
Signature	

Schedule E)	I EXI EILD			PAGE 8 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			l le	C C00530766
			L	0
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Krystal A Wilson			Date of	Public Distribution/Dissemination
Mailing Address 448 Judson Dr			09	
			Amount	
City	State	Zip Code		2.70
Wake Forest	NC	27587		ction ID: 5af50d78-ad7d-42cc-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 0	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	NC NC
Calendar Year-To-Date Per Election for Office Sought		317617.51	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
Full Name of Payee				Public Distribution/Dissemination
Regina R Mouton			M	
Mailing Address 5827 Brighton PI				9 18 2014
552. 2g			Amount	
City	State	Zip Code		25.00
New Orleans	LA	70131		ion ID : b00d89ff-9418-481c-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	121480.34	Disbursement I 2014 Oth	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure)S		· •	27.70
(b) SUBTOTAL of Unitemized Independent Expendit	:ures		•	7.1.7.1.7.1
(c) TOTAL Independent Expenditures				
				7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		20 2014
Signature		_		

Schedule E)	LIVI EXI END	ITOTILO	+	PAGE 9 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Regina R Mouton			09	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5827 Brighton Pl			Amount	
City	State	Zip Code		6.00
New Orleans	LA	70131		D: d221f07b-3f94-4d5d-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u></u>
Calendar Year-To-Date Per Election for Office Sought	.,,	121480.34	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Shantal C Culbreath			09 /	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4691 Hercules Lane			Amount	
City	State	Zip Code		40.00
Woodbridge	VA	22193		: 640fd5aa-52d3-4434-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		317617.51	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures			46.00
, ,			7	7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 20	2014
-				

Schedule E)		PAGE 10 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	v report Amends report fi	iled on
Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination
Mailing Address 160 #50 Pompano Dr		09 18 2014
Too #30 Fullipatio Di		Amount
City State	Zip Code	55.00
New Bern NC	28560	Transaction ID: 0fd11919-48a6-4762-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 18 / 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Kay Hagan	X Oppose [President State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
Full Name of Payee	1	Date of Public Distribution/Dissemination
Joseph R Rys		M = M / D = D / Y = Y = Y
Mailing Address 160 #50 Pompano Dr		09 18 2014
Mailing Address 160 #50 Pompano Dr		Amount
City State	Zip Code	19.95
New Bern NC	28560	Transaction ID: e7915b2e-ebcb-44e6-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 18 / 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General 014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	74.95
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	·····	4 4
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Ele	ctronically Filed] Date	09 20 2014
Signature		

Schedule E)	PAGE 11 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends rep	oort filed on
Full Name of Payee Miranda A Resinos	Date of Public Distribution/Dissemination
Mailing Address 1430 Sunnyside Rd	09 18 2014 Amount
City State Zip Code	60.00
Alma AR 72921	Transaction ID: 840c78a7-6139-4c59-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 92412.03	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Miranda A Resinos	09 18 2014
Mailing Address 1430 Sunnyside Rd	Amount
City State Zip Code	8.40
Alma AR 72921	Transaction ID: 1d215a14-ce57-462b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 92412.03	Disbursement For: Primary General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 68.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	··· >
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Dat	te 09 20 2014
Signature	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O titistic
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Barbara E Spritz	Date of Public Distribution/Dissemination
·	09 18 2014
Mailing Address 3346 Durham St Ext	Amount
City State Zip Code	40.00
Burlington NC 27217	Transaction ID: 8a19ec34-0732-4920-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 18 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Barbara E Spritz	09 18 2014
Mailing Address 3346 Durham St Ext	Amount
City State Zip Code	7.20
Burlington NC 27217	Transaction ID: 87ae68df-5b11-45f0-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 / D D / Y Y Y Y Y 18
	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	47.20
(a) SOLICINE OF HOMEON MASPORAGINE Exportations	71.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	9 20 2014
Signature	

Schedule E)	EXI END	TOTILO		PAGE 13 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amen	ds repor	rt filed on
Full Name of Payee Toni A Persinger-Buckler				Date of Public Distribution/Dissemination
Mailing Address 5330 Nestleway Dr				09 18 2014 Amount
City	State	Zip Code		35.00
	NC	27012		Transaction ID : 30ec83cd-b9cf-4daa-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	09 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Sup	port	Office Sought: House District: 00
Ms. Kay Hagan			pose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	317617.51		Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Toni A Persinger-Buckler				09 18 2014
Mailing Address 5330 Nestleway Dr				
				Amount
City	State	Zip Code		5.70
Clemmons	NC	27012		Transaction ID : db9881fa-078a-401d-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Sup	pport	Office Sought: House District: 00
Ms. Kay Hagan		X Op	pose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		317617.51		Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				40.70
(b) SUBTOTAL of Uniternized Independent Expenditure	es			·
(c) TOTAL Independent Expenditures				>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	Date	09 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	LXI LIIDI	101120		PAGE 14 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			l l	0 00000
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Casey Stockton			Date of	Public Distribution/Dissemination
·			O	9 18 2014
Mailing Address 105 South Dale St			Amount	
City	State	Zip Code		70.00
	NC	28777		ction ID: b15d4472-0f03-4f22-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presiden	NO.
Calendar Year-To-Date Per Election for Office Sought		317617.51	Disbursement 2014	
			Oth	er (specify)
Full Name of Payee Mary Johnson				Public Distribution/Dissemination
Markey Address				18 2014
Mailing Address 105 South Dale St			Amount	t
City	State	Zip Code	─ [:	70.00
Spruce Pine	NC	28777	Transac Date of	tion ID : fcce1063-7bbd-4e0a-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	9 18 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		317617.51	Disbursement 2014 Oth	For: Primary
-				
(a) SUBTOTAL of Itemized Independent Expenditures			· •	140.00
(b) SUBTOTAL of Unitemized Independent Expenditure	эs		· •	
(c) TOTAL Independent Expenditures				
(6) 10.11.2				7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		20 2014
Signature		_		

Schedule	E)		1101120		PAGE 15 OF 90 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Nan	ne of Payee			Data	of Public Distribution/Dissemination
Shan	on Snyder				09 18 2014
Mailing /	Address 2701 Winifred			Amou	nt
City		State	Zip Code		50.00
Metairie		LA	70003		action ID : 67de3c0c-d319-4c21-b of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001	М	09 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	f Federal Candidate		Support	Office Sough	: House District:00
Ms. Mai	y L Landrieu		X Oppose	Preside	ent State: LA
	endar Year-To-Date Election for Office Sought	, , ,	21480.34	Disbursement 2014 Or	t For: Primary X General
	ne of Payee			Date of	of Public Distribution/Dissemination
Shan	on Snyder			I M	09 18 2014
Mailing	Address 2701 Winifred				30 10 2311
				Amou	nt
City		State	Zip Code		10.50
Metairie		LA	70003	Transa Date o	ction ID : 13e76b72-eeea-4de5-b of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002	M	09 / D D / Y Y Y Y Y Y
Name o	f Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mai	ry L Landrieu		X Oppose	Preside	
	endar Year-To-Date r Election for Office Sought		121480.34	Disbursemen 2014 O	t For:
(a) SUB1	TOTAL of Itemized Independent Expend	itures		· •	60.50
(b) SUBT	FOTAL of Unitemized Independent Expe	enditures		•	
(c) TOTA	L Independent Expenditures			•	7 1 7 1 7 1
with, or a	nalty of perjury I certify that the indepet t the request or suggestion of, any can nmittee) any political party committee or	didate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signat	ure				

Schedule E)		PAGE 16 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M / D = D / Y = Y = Y
	lew report Amends report filed	d on
Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 147 Possum Trot Rd		Amount
City State	Zip Code	70.00
Bakersville NC	28705	Transaction ID : fb1f3eb9-2094-4f29-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ee Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	317617.51 Disb 2014	ursement For: Primary General Other (specify)
Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 18 2014
Mailing Address 147 Possum Trot Rd		Amount
City State	Zip Code	26.10
Bakersville NC	28705	Transaction ID : dedb5d49-a1b8-4e90-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 18 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	317617.51 Disk 201	oursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	•	96.10
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exper with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
Ms. Emily Buchanan	Electronically Filed] Date	09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	011. 01. 11.12.1. 2.1.2	/LIVI L/XI LIX	1101120		PAGE 17 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTE	,				FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
🗆	.				M / D D / Y Y Y Y
Check if 24-hour r		New rep	ort Amends repo	ort filed on	
Full Name of Payer Jackson S To	uttle				of Public Distribution/Dissemination
Mailing Address 40	04 Chancery Park Ct			Amou	
City		State	Zip Code	<u> </u>	40.00
Kernersville		NC	27284		action ID : 696d16db-3a57-4861-8 of Disbursement or Obligation
Purpose of Expend Salary	iture		Category/ Type 001		09 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal C	andidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan			Oppose	Preside	NO.
Calendar Year- Per Election fo	To-Date or Office Sought	, , ,	317617.51	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payer Jackson S Tu					of Public Distribution/Dissemination
					09 / 18 / 2014
Mailing Address	404 Chancery Park Ct			Amou	nt
City		State	Zip Code		6.00
Kernersville		NC	27284	Transa Date	ction ID : 73c13e4e-dc8e-44a8-9 of Disbursement or Obligation
Purpose of Expend Mileage	liture		Category/ Type 002		09 / 18 / 2014
Name of Federal C	andidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan			Oppose	Preside	ent Senate State: NC
Calendar Year Per Election fo	-To-Date or Office Sought		317617.51	Disbursemen 2014	t For: Primary
(a) SURTOTAL of It	emized Independent Expen	nditurae			46.00
(a) SODIVIAL OF IN	епписа писрописти слуст	ultures			40.00
(b) SUBTOTAL of U	Initemized Independent Exp	enditures		•	7 7
(c) TOTAL Independ	dent Expenditures			· •	7 1 7 1 7
with, or at the reque		indidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Em	ily Buchanan	[Electron	ically Filed] Date	9 09	20 / 2014
Signature					

Schedule E)),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	itti Exi Eito			PAGE 18 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak C	Out PAC				C C00530766
Check if 24-hour re	port X 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee				Date	of Public Distribution/Dissemination
Elizabeth M M					09 18 2014
Mailing Address 122	3 Silver Sage Dr Apt 303			Amou	nt
City		State	Zip Code	$ \Gamma$	10.00
Raleigh		NC	27606		saction ID: 9a53c18d-a71b-405d-8 of Disbursement or Obligation
Purpose of Expendit Salary	ure		Category/ Type 001		09 / 09 / 2014
Name of Federal Ca	ndidate		Support	Office Sough	nt: House District:00
Ms. Kay Hagan			X Oppose	Preside	NO.
Calendar Year-T Per Election for		3	317617.51	Disbursemen 2014	nt For:
Full Name of Payee				Date	of Public Distribution/Dissemination
Elizabeth M Mo	oore				09 18 2014
Mailing Address 1	223 Silver Sage Dr Apt 303				
				Amou	ınt
City		State	Zip Code		2.67
Raleigh		NC	27606	Transa Date	action ID: bb93d69e-3dea-492b-b of Disbursement or Obligation
Purpose of Expendit Mileage	ure		Category/ Type 002		09 / 18 / 2014
Name of Federal Ca	ndidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan			Oppose	Presid	ent Senate State: NC
Calendar Year-T Per Election for			317617.51	Disbursemer 2014	nt For: Primary X General Other (specify) ▶
•					
(a) SUBTOTAL of Ite	mized Independent Expendit	ures		•	12.67
(b) SUBTOTAL of Ur	itemized Independent Exper	nditures		· •	171171171
(c) TOTAL Independe	ent Expenditures			•	7 1 7 1 7 1
with, or at the reques		idate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily	Buchanan	[Electron	ically Filed] Date	9 09	20 / Y Y Y Y Y 2014
Signature			_		

Schedule E)		PAGE 19 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M / D D / Y Y Y Y
Full Name of Payee Edward N Walker	Date of	of Public Distribution/Dissemination
		09 / 18 / 2014
Mailing Address 3 Girard St	Amour	nt
City State	Zip Code	50.00
Ft Smith AR		action ID : ad0f61d2-e4d0-456b-9 of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought	t: House District: 00
Mr. Mark L Pryor	Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought	92412.03 Disbursement 2014 Of	t For: Primary ⊠ General ther (specify) ▶
Full Name of Payee Edward N Walker	Date of	of Public Distribution/Dissemination
Edward in Warker	M	09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3 Girard St	Amou	nt
City State	Zip Code	9.60
Ft Smith AR	72901 Transa	ction ID : 3cf5f007-ee58-44f9-a of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Ogg	09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sough	t: House District: 00
Mr. Mark L Pryor	Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought	92412.03 Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	•	59.60
(b) SUBTOTAL of Unitemized Independent Expenditures		
		4 4
(c) TOTAL Independent Expenditures	·	7 7 7
Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
Ms. Emily Buchanan	Electronically Filed] Date 09	20 / 2014
Signature		

Schedule E)	I EXI END	II OILEO		PAGE 20 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	oort Amends repo	ort filed on	M / D D / Y B Y B Y
Full Name of Payee Sue G Walker			M	f Public Distribution/Dissemination 9
Mailing Address 3 Girard			Amoun	t
City	State	Zip Code		80.00
Fort Smith	AR	72901		action ID: 9f7f8c0d-c3a7-4501-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	92412.03	Disbursement 2014 Ot	For: Primary X General
Full Name of Payee Sue G Walker				f Public Distribution/Dissemination
Mailing Address 3 Girard				09 18 2014
Mailing Address 3 Girard			Amour	nt
City	State	Zip Code		6.00
Fort Smith	AR	72901	Transac Date o	ction ID : 19afef9e-a6c4-42c3-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	09 / 18 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Mr. Mark L Pryor		Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		92412.03	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	·S		· •	86.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	09 /	20 / 2014
Signature				

Sch	nedule E)	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		PAGE 21 OF 90 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		С	C00530766
Char	ck if 24-hour report X 48-hour report New report	Amends repor	t filed on	/ D = D / Y = Y = Y
_		Amenda repor	t filed off	
	Full Name of Payee Beau Autin		Date of Pu	blic Distribution/Dissemination / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 345 Auroura Ave		Amount	
	City State Zip	Code		45.00
		0006		n ID: 1c13331b-d1b4-449f-8 sbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M 09	18 / 2014
Ī	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	180.34	Disbursement For 2014 Other	: Primary X General
Г	Full Name of Payee		Date of Pu	blic Distribution/Dissemination
١	Beau Autin		M M M M 09	18 2014
ľ	Mailing Address 345 Auroura Ave			
١			Amount	
	City State Zip	Code		10.29
		0006	Transaction Date of Dis	n ID : ff2b6a3a-dd61-4d77-a sbursement or Obligation
	Purpose of Expenditure Mileage Ci	Category/ Type 002	^M 09	/ 18 / Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	121480.34	Disbursement For 2014 Other	: Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures		•	55.29
(k	o) SUBTOTAL of Unitemized Independent Expenditures		•	7 1 7 1 7
(0	c) TOTAL Independent Expenditures		.	7
W	nder penalty of perjury I certify that the independent expenditures repith, or at the request or suggestion of, any candidate or authorized corarty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronicall	ly Filed] Date	09 / 20	
	Signature			

Schedule E)	ENT EXILIN	DITORLO	PAGE 22 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb A Smith			09 18 2014
Mailing Address 2646 N Valencia			Amount
City	State	Zip Code	40.00
Fayetteville	AR	72703	Transaction ID: d48a5feb-e188-410f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		92412.03	Disbursement For:
Full Name of Payee	_		Date of Public Distribution/Dissemination
Caleb A Smith			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2646 N Valencia			Amount
City	State	Zip Code	6.60
Fayetteville	AR	72703	Transaction ID: 97492a6e-3b2e-430c-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		92412.03	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendent	litures		46.60
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>
(c) TOTAL Independent Expenditures			>
	didate or authoriz		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 / 20 / 2014
-			

Schedule E)	LAFLIND	ITORLS		PAGE 23 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	e of Public Distribution/Dissemination
Virginia M Stevens				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1691 Fork Mtn Rd			Amo	ount
City S	State	Zip Code	$ \Gamma$	60.00
	NC	28705		nsaction ID : bfeba226-daf0-4ff9-8 e of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms. Kay Hagan		X Oppose	Presi	NO.
Calendar Year-To-Date Per Election for Office Sought	3	317617.51	Disburseme	ent For:
Full Name of Payee			Date	e of Public Distribution/Dissemination
Virginia M Stevens				09 18 2014
Mailing Address 1691 Fork Mtn Rd			Amo	ount
City	State	Zip Code		29.40
Bakersville	NC	28705		saction ID: 78701db9-8142-423a-9 e of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 / 18 / 2014
Name of Federal Candidate		Support	Office Souç	ght: House District: 00
Ms. Kay Hagan		Oppose	Presi	
Calendar Year-To-Date Per Election for Office Sought		317617.51	Disburseme 2014	ent For: Primary X General Other (specify) ▶
				Other (openity)
(a) SUBTOTAL of Itemized Independent Expenditures			•	89.40
(b) SUBTOTAL of Unitemized Independent Expenditures	:S			
				7
(c) TOTAL Independent Expenditures			· · ·	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 09	20 2014
Signature		Date	, 05	2014

Schedule E)	.NI EXI END	HONLO		PAGE 24 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y D D /
Full Name of Payee Stephanie L Heun				of Public Distribution/Dissemination
Mailing Address 8026 S Wilwood Dr Apt 101			Amou	09 18 2014 nt
City	State	Zip Code		25.00
Oak Creek	WI	53154		action ID : 79b39d10-c869-4eed-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	09 18 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		317617.51	Disbursemen 2014 O	t For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Laura U Logie			IV	09 18 2014
Mailing Address 2565 Shire Circle				09 10 2014
			Amou	nt
City	State	Zip Code		32.50
Harrisonburg	VA	22801	Transa Date	ction ID : 359e4faa-55fa-4416-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	N	09 / 18 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	-,-,	317617.51	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expendi	tures			57.50
(b) SUBTOTAL of Unitemized Independent Exper	nditures		·· •	71717
(c) TOTAL Independent Expenditures			·· •	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cancer party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 09	20 / 2014
Signature				

Schedule E)	PAGE 25 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Ame	nends report filed on
Full Name of Payee Kirsten E McKinney	Date of Public Distribution/Dissemination
Mailing Address 1419 S Highbush Ave	09 18 2014 Amount
City State Zip Code	10.00
Fayetteville AR 72701	Transaction ID : 9a7e3cbe-39f5-4f68-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001
Name of Federal Candidate	Support Office Sought: House District: 00
Ma Mark I Brass	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 92412.03	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Kirsten E McKinney Mailing Address 1419 S Highbush Ave	Date of Public Distribution/Dissemination M 09
City State Zip Code	1.80
Fayetteville AR 72701	Transaction ID : 534a982a-ad0c-4b20-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 00 / 7 7 7 7 7
Name of Federal Candidate	Support Office Sought: House District: 00
	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 92412.03	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	11.80
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	-
Under penalty of perjury I certify that the independent expenditures reported her with, or at the request or suggestion of, any candidate or authorized committee c party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 09 20 2014
Signature	

Schedule E)					PAGE 26 OF 90 FOR SE OF FORM 24/48
NAME OF COMMIT					FEC IDENTIFICATION NUMBER ▼
Women Spea	ak Out PAC				C C00530766
Check if 24-ho	our report X 48-hour re	eport New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of P Lauren E	_{ayee} Heffington				f Public Distribution/Dissemination
	S 488 Broadwell Dr				09 18 2014
				Amoun	
City		State	Zip Code		20.00
Nashville		TN	37220		ction ID: 228da715-1988-477d-a f Disbursement or Obligation
Purpose of Exp Salary	penditure		Category/ Type 001	М	09 18 2014
Name of Feder	al Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pry	or		Oppose	Preside	
	/ear-To-Date on for Office Sought		92412.03	Disbursement 2014 Ott	For: Primary X General
Full Name of F				Date o	f Public Distribution/Dissemination
Francesca	Blom				09 18 2014
Mailing Address	S 101 Asbury Ct				
				Amour	nt
City		State	Zip Code		80.00
Winchester		VA	22602	Transac Date o	ction ID : 6cd84778-aeb0-4d6f-a f Disbursement or Obligation
Purpose of Exp Salary	penditure		Category/ Type 001		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Feder	al Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pry	or		X Oppose	Preside	nt Senate State: AR
	Year-To-Date on for Office Sought		92412.03	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL	of Itemized Independent E	xpenditures		· •	100.00
(b) SUBTOTAL	of Unitemized Independen	t Expenditures		· •	
(c) TOTAL Inde	pendent Expenditures			· •	7
with, or at the re		ny candidate or authorized			opperation, consultation, or concert ne reporting entity is not a political
Ms.	Emily Buchanan	[Electron	ically Filed] Date	9 09	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			_		

Scl	hedule E)	511 51125	PAGE 27 FOR SE OF FOR	OF 90 RM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION N	
W	omen Speak Out PAC		C C00530766	
Che	eck if 24-hour report X 48-hour report New re	report Amends repor	t filed on	Y
T	Full Name of Payee Rachel L Anzalone		Date of Public Distribution/Diss	emination
	Mailing Address 2319 West Oak		09 18 Amount	2014
	City State El Dorado AR	Zip Code 71730	Transaction ID : 2d65979a-e7f	
f	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation	ation 2014
╁	Name of Federal Candidate	Support	Office Sought: House Distr	rict: 00
	Mr. Mark L Pryor	Support Oppose		ate: AR
	Calendar Year-To-Date Per Election for Office Sought	92412.03	Disbursement For: Primary 2014 Other (specify) ▶	X General
	Full Name of Payee Rachel L Anzalone		Date of Public Distribution/Diss	semination 2014
	Mailing Address 2319 West Oak		Amount	
ľ	City State	Zip Code		3.00
	El Dorado AR	71730	Transaction ID: 0719fb8e-e824 Date of Disbursement or Oblig	I-4ecd-8 ation
	Purpose of Expenditure Mileage	Category/ Type 002	09 / 18 / Y	2014
Ī	Name of Federal Candidate	Support	Office Sought: House Distr	rict:00
	Mr. Mark L Pryor	Oppose	President Senate Sta	ate: AR
	Calendar Year-To-Date Per Election for Office Sought	92412.03	Disbursement For: ☐ Primary 2014 ☐ Other (specify) ▶	X General
(6	a) SUBTOTAL of Itemized Independent Expenditures		•	23.00
(I	b) SUBTOTAL of Unitemized Independent Expenditures		>	
(0	c) TOTAL Independent Expenditures		·	
W	Under penalty of perjury I certify that the independent expenditure vith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electro	ronically Filed] Date	09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
	Signature			

Schedule E)	PAGE 28 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	DENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	/ D D / Y D Y D Y
Brieshauna M Stevens	c Distribution/Dissemination
Mailing Address 1703 Torrey Pines Ct Amount	18 2014
City State Zip Code	80.00
	ID: 6947ec9a-cdeb-4268-8 ursement or Obligation
Salary Category/ Type 001 M M M 09	18 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (sp.	Primary X General Decify) ▶
Full Name of Payee Date of Public Royce W Martin	ic Distribution/Dissemination
Mailing Address 317 Farris Rd Apt 1	18 2014
Amount	
	30.00 D : 3d554ca9-2363-4e24-b
Purpose of Expenditure Salary Category/ Type O01 O9 Date of Disbute O9 O9	ursement or Obligation 18 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Me Verillanen	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	110.00
(4)	7
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperativity, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the represent committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09 20	2014

Schedule E)	IN EXILID	ITOTIES	PAGE 29 OF 90 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	T
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	1
Royce W Martin			09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ
Mailing Address 317 Farris Rd Apt 1			Amount	
City	State	Zip Code	6.00)
Conway	AR	72034	Transaction ID: 4586c8f2-886b-429a-8 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	317617.51	Disbursement For: Primary General 2014	ral
Full Name of Payee			Date of Public Distribution/Dissemination	1
Tracy M Hargett			09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 5133 Lord Bryon Road			Amount	
City	State	Zip Code	55.00	
Wilmington	NC	28405	Transaction ID: 071494ba-713c-42c5-b Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	,
Ms. Kay Hagan		Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	7	317617.51	Disbursement For:	ral
(a) SUBTOTAL of Itemized Independent Expendi	tures		61.00	\neg
(a) COSTOTAL OF REIMIZED INDEPENDENT EXPENDENT			01.00	_
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cano party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 20 / 2014	
Signaturo				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	filed on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Tracy M Hargett	09 18 2014
Mailing Address 5133 Lord Bryon Road	Amount
City State Zip Code	23.40
Wilmington NC 28405	Transaction ID : 78c6a763-eac5-41da-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Odioridal Todi To Dato	01sbursement For: Primary General 014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Aaron L Griffin	09 18 2014
Mailing Address 4830 Westin Park Drive	Amount
City State Zip Code	30.00
Conway AR 72034	Transaction ID: e8036092-b3d6-4321-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 18 / 2014
Name of Federal Candidate Support C	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
	Oisbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	53.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	09 20 2014
Signature	

PAGE

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OF

Schedule E)	ENT EXILIN	DITORLO	PAGE 31 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Aaron L Griffin			09 / 18 / 2014
Mailing Address 4830 Westin Park Drive			Amount
City	State	Zip Code	6.00
Conway	AR	72034	Transaction ID : 407bbcdc-b957-4a5d-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		92412.03	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Clay A McCreary			09 18 2014
Mailing Address 1762 Orchard Drive			Amount
City	State	Zip Code	60.00
Lenoir	NC	28645	Transaction ID : 7da7bd0b-e87d-4b72-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		317617.51	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	litures		66.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09
3.9			

Schedule E)		101120		PAGE 32 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 4	3-hour report X New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Data of Bubli	c Distribution/Dissemination
Clay A McCreary			Date of Public	/ Distribution/Dissernination / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1762 Orchard Dr	ive		Amount	
City	State	Zip Code		21.60
Lenoir	NC	28645		ID : a9061cef-eb9d-40ce-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 09	18 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sough	nt 3	17617.51	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Daniel E Collison			M M M M M M M M M M M M M M M M M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3315 Cardinal	Ridge Rd			2014
	·		Amount	
City	State	Zip Code		45.00
Greensboro	NC	27410		D: b108bafe-93c7-4b6c-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sougl	nt	317617.51	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent	ndent Expenditures		•	66.60
(b) SUBTOTAL of Unitemized Inde	ependent Expenditures		•	7 1 4
(c) TOTAL Independent Expenditu	res		•	
Under penalty of perjury I certify t with, or at the request or suggestic party committee) any political party	on of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M	/ Y Y Y Y Y Y 2014
Signature				

Schedu	le E)	T EXI EILD			PAGE 33 OF 90 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
T Full N	ame of Pause	<u> </u>			<u> </u>
Dar	ame of Payee niel E Collison				of Public Distribution/Dissemination 18 2014
Mailing	g Address 3315 Cardinal Ridge Rd			Amou	nt
City		State	Zip Code	— I	23.40
	nsboro	NC	27410		action ID : 7a1e97a5-d34c-4403-a of Disbursement or Obligation
Purpos Milea	se of Expenditure ge		Category/ Type 002	M	09 18 / 2014
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. K	ay Hagan		X Oppose	Preside	
	alendar Year-To-Date er Election for Office Sought	3	17617.51	Disbursemen 2014 O	t For:
Full N	ame of Payee			Date	of Public Distribution/Dissemination
Raip	oh Smith			TV	09 18 2014
Mailin	g Address 2090 Fancy Gap Rd			Amou	
City Mt. A	iry	State NC	Zip Code 27030	Transa	75.00 action ID : 96abb285-cf3d-49cf-a of Disbursement or Obligation
Purpo Salar	se of Expenditure y		Category/ Type 001		09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	it: House District: 00
Ms. K	ay Hagan		X Oppose	Preside	ent State: NC
	Calendar Year-To-Date Per Election for Office Sought	7	317617.51	Disbursemen 2014	t For: Primary
(a) SUI	BTOTAL of Itemized Independent Expenditur	es			98.40
. ,	· · ·				7 7 7
(b) SU	BTOTAL of Unitemized Independent Expendi	tures		•	7 7 7
(c) TO	FAL Independent Expenditures			•	7 1 7 1 7
with, or	penalty of perjury I certify that the independent at the request or suggestion of, any candidate committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	20 / 2014
Sign	ature		_		

Schedule E)	DENT EXICIO	ITORES	PAGE 34 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination
Mailing Address 2090 Fancy Gap Rd			09 18 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	32.94
Mt. Airy	NC	27030	Transaction ID : bccddae2-9249-4d1f-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	317617.51	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			09 18 2014
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	52.50
charlotte	NC	28227	Transaction ID: 35c707f7-d17d-4cf9-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		121480.34	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		85.44
(b) CURTOTAL of Unitersized Independent 5	un an alikuwa a		
(b) SUBTOTAL of Unitemized Independent E	xpenditures		>
(c) TOTAL Independent Expenditures			>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3			

Scł	hedule E)						PAGE 35 OF 90 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			-		FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	ck if 24-hour report X 48-hour report	New repo	port Ame	ends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
T	Full Name of Payee Amanda Boley					of Public	c Distribution/Dissemination
	Mailing Address Split Oak Drive				Amou	09	18 2014
	Ctata		7: Codo				15.20
	City State charlotte NC		Zip Code 28227				15.39 ID: 24ec30bf-f371-4597-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M M 09	18 2014
F	Name of Federal Candidate			Support	Office Sough	ht:	House District: 00
	Ms. Mary L Landrieu			Oppose	Presid	_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		121480.34		Disbursemen 2014	nt For: Other (sp	Primary
	Full Name of Payee Adam Rock					of Publi	c Distribution/Dissemination
	Mailing Address 307 Farris Rd Apt 1				Amo	unt	
	City State		Zip Code	-			50.00
	Conway AR		72034		Trans Date	action II of Disbu	D: d94b9c81-6032-4c84-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001] [^M 09	18 / 2014
	Name of Federal Candidate			Support	Office Soug	ht:	House District: 00
-	Mr. Mark L Pryor		X	Oppose	Presid	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		92412.03	3	Disburseme 2014		Primary X General
(8	a) SUBTOTAL of Itemized Independent Expenditures				· [65.39
(I	b) SUBTOTAL of Unitemized Independent Expenditures				· • [
(0	c) TOTAL Independent Expenditures				•		
W	Inder penalty of perjury I certify that the independent experith, or at the request or suggestion of, any candidate or a arty committee) any political party committee or its agent.						
		[Electron	ically Filed]	Date	9 09	20	2014
	Signature						

Schedule E)	PAGE 36 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New	report Amends report filed on M M / D D / Y Y Y Y Y
Full Name of Payee Adam Rock	Date of Public Distribution/Dissemination
Mailing Address 307 Farris Rd Apt 1	09 18 2014 Amount
City State	Zip Code 6.30
Conway AR	72034 Transaction ID : aae6e448-fd4c-461d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 09 18 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	92412.03 Disbursement For: ☐ Primary ☐ General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Tammay Williams	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St	Amount
City State	Zip Code 80.00
New Orleans LA	70116 Transaction ID : d781977f-9457-4b08-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 09 18 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	•
	ures reported herein were not made in cooperation, consultation, or concert rized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [Elec	ctronically Filed] Date 09 20 2014

Schedule E)	EXI END			PAGE 37 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Tammay Williams			TV	09 18 2014
Mailing Address 924 N. Prieur St			Amou	nt
City	State	Zip Code	-	15.00
New Orleans	LA	70116		action ID : 4ffe83f6-f3c2-4238-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 / 18 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	1	21480.34	Disbursemen 2014 O	t For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Anthony Pearson				09 18 2014
Mailing Address 112 apache Dr				
			Amou	nt
City	State	Zip Code		10.00
Search	AR	72149	Transa Date	oction ID: 93e7feb3-06fc-4fbd-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 / 18 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark L Pryor		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		92412.03	Disbursemer 2014	ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	25.00
(b) SUBTOTAL of Unitemized Independent Expenditure	əs		·· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09	20 / 2014
Signature	_	_		

Schedule E)	JEINI EXI EN	STIGHTS	PAGE 38 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Anthony Pearson			09 18 2014
Mailing Address 112 apache Dr			Amount
City	State	Zip Code	1.50
Search	AR	72149	Transaction ID: 01787db3-8365-4725-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		92412.03	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Antoinette Franklin			09 18 2014
Mailing Address 8822 Apple St			Amount
City	State	Zip Code	70.00
New Orleans	LA	70188	Transaction ID : 209e11d5-7cfd-4a6c-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	121480.34	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		71.50
,			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		>
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3			

Schedule E)	AI ENDITORIES	PAGE 39 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination
Mailing Address 1434 South Avenue		09 18 2014 Amount
City Sta	te Zip Code	100.00
Eden No	·	Transaction ID : 3f51f933-e165-452a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Kay Hagan	∑ Oppose □	President State: NC
Calendar Year-To-Date Per Election for Office Sought	317617.51 Dis 201	bursement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Lisa Booth		09 18 2014
Mailing Address 1434 South Avenue		Amount
01	The Oakla	
City Sta		11.10 Transaction ID: 8cf5b6a2-bc15-4473-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 18 2014
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	317617.51 Dis 20	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		111.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed] Date	09 20 2014
Signature	_	

· · · · ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Xavier Miller	Da	ate of Public Distribution/Dissemination
		09 18 2014
Mailing Address 407 randall Dr	Ar	mount
City Sta	ate Zip Code	60.00
		ansaction ID: 7b4643a8-7e6b-4dad-a ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 18 / 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Mark L Pryor	Oppose Pre	esident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	92412.03 Disburser 2014	ment For:
Full Name of Payee Xavier Miller	Da	ate of Public Distribution/Dissemination
Mailing Address 407 randall Dr	Ar	09 18 2014 mount
City	ate Zip Code	9.06
Searcy A		insaction ID: 12e4ac8f-2729-41a7-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 18 / 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Mark L Pryor	X Oppose Pre	esident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	92412.03 Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	69.06
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 09	20 / 2014
Signature		

PAGE 40

OF

Schedule E)	JENT EXI END	ITOTILO	<u> </u>	PAGE 41 OF 90 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼			
Vomen Speak Out PAC							
Check if 24-hour report X 48-hour repor	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y			
Full Name of Payee			Date of Public	Distribution/Dissemination			
Christopher Marquess			09	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 110 W Pecan St			Amount				
City	State	Zip Code		30.00			
Ville Platte	LA	70586): 87d3fa24-16cf-40e3-b sement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	09	18 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		Oppose	President X				
Calendar Year-To-Date Per Election for Office Sought	7	121480.34	Disbursement For: 2014 Other (spe	Primary			
Full Name of Payee			Date of Public	Distribution/Dissemination			
Christopher Marquess			M M /	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 110 W Pecan St			Amount				
City	State	Zip Code		31.50			
Ville Platte	LA	70586		: c1a47421-97b2-49e0-8 sement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	09	18 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District:00			
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		121480.34	Disbursement For: 2014 Other (spe	Primary Seneral			
(a) SUBTOTAL of Itemized Independent Expe	nditures			61.50			
			7	7 4			
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	7			
(c) TOTAL Independent Expenditures			•	1 4 1 4 1			
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 20	2014			

Sche	edule E)	L /(L (L)	100				PAGE 42 OF 90 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Woı	men Speak Out PAC						C00530766
Check	t if 24-hour report X 48-hour report	New repo	ort Amends	s report f	filed on	= M /	
	ull Name of Payee Jerome M Weil						Distribution/Dissemination
	ailing Address 101 Durham Drive				IVI	09	18 2014
					Amou	nt	
Ci	ty	State	Zip Code				30.00
	afayette	LA	70508				D: 77b12f7b-09fa-4f09-a irsement or Obligation
	urpose of Expenditure salary		Category/ Type	001	М	09	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Supp	ort C	Office Sough	t:	House District: 00
М	ls. Mary L Landrieu		Х Орро		Preside	ent \sum	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, 1	21480.34		Disbursemen 014 O	t For: ther (sp	Primary
	ull Name of Payee Jerome M Weil						c Distribution/Dissemination
<u> </u>	lailing Address				N	09	18 2014
IVI	ailing Address 101 Durham Drive				Amou	nt	
Ci	ity	State	Zip Code				3.00
	afayette	LA	70508		Transa Date	of Disbu	D: 7f5f7686-3dbd-45f3-8 ursement or Obligation
	urpose of Expenditure Mileage		Category/ Type	002	N	09	18 / 2014
Na	ame of Federal Candidate		Supp	port C	Office Sough	ıt:	House District: 00
M	ls. Mary L Landrieu		X Oppo	ose	Preside	ent \sum	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	121480.34		Disbursemen 2014 C		Primary X General Decify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures					-	33.00
(4)	SUBTOTAL OF RETHIZON HINOPORNORIC EXPONENTIAL				<u> </u>	-	35.00
(b)	SUBTOTAL of Unitemized Independent Expenditure	res)	· [_	7	
(c)	TOTAL Independent Expenditures)	-	7	
with	der penalty of perjury I certify that the independen n, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M /	20	2014
	Signature		_				

Schedule E)	IN EXIEND	HONES	PAGE 43 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination
Mailing Address 905 Lake Drive			09 18 2014
			Amount
City	State	Zip Code	55.00
Shelby	NC	28152	Transaction ID: 127cffca-f6b0-428b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 18 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	317617.51	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Nick Berryhill			09 18 2014
Mailing Address 905 Lake Drive			Amount
City	State	Zip Code	6.30
Shelby	NC	28152	Transaction ID: 9fa183e5-4f0a-4add-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		317617.51	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		61.30
(-)			7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		·
(c) TOTAL Independent Expenditures			
	lidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 20 / 2014
Signaturo			

Schedule E)	PAGE 44 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	t filed on
Full Name of Payee Kevin L Battle	Date of Public Distribution/Dissemination
	09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3300 Asher Ave	Amount
City State Zip Code	60.00
Little Rock AR 72204	Transaction ID: 718f761c-2dcc-4d4b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 18 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor	President State: AR
Calcilidat Ical 10-Date	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Kevin L Battle	09 / D D / Y Y Y Y Y Y 18
Mailing Address 3300 Asher Ave	Amount
City State Zip Code	9.90
Little Rock AR 72204	Transaction ID: 8fa8c071-4c60-405f-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 / 18 / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	69.90
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	EXI END	TOTILO		PAGE 45 OF 90 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼			
Vomen Speak Out PAC C c00530766							
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y			
Full Name of Payee Kenny Wallis			Date of I	Public Distribution/Dissemination			
Mailing Address 6412 Osage Dr			09	18 2014			
City North Little rock	State AR	Zip Code 72116		45.00 tion ID : f81f1cba-706f-46ff-b Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	Date of 1	M / D D / Y Y Y			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Mark L Pryor		X Oppose	President	Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought	, , ,	92412.03	Disbursement F 2014 Othe	or:			
Full Name of Payee Kenny Wallis			M				
Mailing Address 6412 Osage Dr			Amount	9 18 2014			
City	State	Zip Code		3.15			
North Little rock	AR	72116		on ID : fa373fc3-0563-4a90-9 Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	09				
Name of Federal Candidate		Support	Office Sought:	House District:00			
Mr. Mark L Pryor		X Oppose	President				
Calendar Year-To-Date Per Election for Office Sought	, , ,	92412.03	Disbursement F 2014 Othe	or: Primary			
(a) SUBTOTAL of Itemized Independent Expenditure	s		· [48.15			
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres						
(c) TOTAL Independent Expenditures				7 1 7 1 7 1			
			· L	7 1 7 1 7			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized						
Ms. Emily Buchanan	[Electron	ically Filed] Date		20 / 2014			
Signature							

Schedule E)	PAGE 46 OF 90 FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼						
Vomen Speak Out PAC							
Check if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y						
Full Name of Payee	Date of Public Distribution/Dissemination						
Brenda L McCune	09 18 2014						
Mailing Address 1254 Fleming St Apt 6	Amount						
City State Zip Code	37.00						
Conway AR 72032	Transaction ID : 35dc51e6-71da-409e-b Date of Disbursement or Obligation						
Purpose of Expenditure Salary Category/ Type 001	09 / 18 / 2014						
Name of Federal Candidate Support Office	Sought: House District: 00						
Mr. Mork I Drugs	President Senate State: AR						
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:						
Full Name of Payee	Date of Public Distribution/Dissemination						
Brenda L McCune	09 18 2014						
Mailing Address 1254 Fleming St Apt 6	Amount						
City State Zip Code	3.90						
	Transaction ID: 81e25731-3d27-461a-b Date of Disbursement or Obligation						
Purpose of Expenditure Mileage Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Name of Federal Candidate Support Office	Sought: House District: 00						
Mr. Mark L Pryor Oppose	President Senate State: AR						
Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary X General Other (specify) ▶						
(a) SUBTOTAL of Itemized Independent Expenditures	40.90						
(a) SOBTOTAL OF HOMEZOU INDOPERIORIE EXPENDITURES	40.30						
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7						
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.							
Ms. Emily Buchanan [Electronically Filed] Date Signature							

Sc	chedule E)		PAGE 47 OF 90 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends r	report filed	d on Mam / Dab / Yayayay
٦	Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination
	Mailing Address 3205 Pebble Beach Rd		09 / 18 / 2014
			Amount
Ì	City State Zip Code Conway AR 72034		41.00 Transaction ID : c40760b8-af71-4f09-b
	Purpose of Expenditure Salary Category/ Type 0	001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Name of Federal Candidate Suppor	rt Offic	ce Sought: House District: 00
	Ms. Kay Hagan Oppose		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 317617.51	Disb 2014	oursement For:
	Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination 09 09 18 2014
	Mailing Address 3205 Pebble Beach Rd		Amount
Ì	City State Zip Code		12.12
Ì	Conway AR 72034		Transaction ID : fe7f9439-4c2e-4069-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type O	002	09 / 18 / 2014
Ì	Name of Federal Candidate Suppor		ce Sought: House District: 00
	Ms. Kay Hagan Oppose	зе	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought 317617.51	Disb 201	oursement For: Primary General Other (specify) Other
	(a) SUBTOTAL of Itemized Independent Expenditures	······	53.12
((b) SUBTOTAL of Unitemized Independent Expenditures	······ >	
((c) TOTAL Independent Expenditures	······	
١	Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed]	Date	09 20 2014
	Signature		

Schedule E)	DENT EXTEND	ITORES	PAGE FOR	E 48 OF 90 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIF	ICATION NUMBER ▼
Women Speak Out PAC			C C0053	0766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	t filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Distri	bution/Dissemination
Gregory Green			09 / 18	
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		30.00
Shreveport	LA	71104	Transaction ID : e4f Date of Disbursemen	
Purpose of Expenditure Salary		Category/ Type 001	09 / 1	8 / 2014
Name of Federal Candidate		Support	Office Sought: Hou	se District: 00
Ms. Mary L Landrieu		X Oppose	President Sen	ate State: LA
Calendar Year-To-Date Per Election for Office Sought		121480.34	Disbursement For: P 2014 Other (specify)	rimary X General
Full Name of Payee	<u> </u>		Date of Public Distri	bution/Dissemination
Gregory Green			09 / D	8 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		12.90
Shreveport	LA	71104	Transaction ID : 2cb Date of Disburseme	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 1	
Name of Federal Candidate		Support	Office Sought: Hou	use District: 00
Ms. Mary L Landrieu		Oppose	President Ser	
Calendar Year-To-Date Per Election for Office Sought		121480.34	Disbursement For: F 2014 Other (specify)	Primary X General
(a) SUBTOTAL of Itemized Independent Expe	nditures		•	42.90
				7 1 7 1
(b) SUBTOTAL of Unitemized Independent Ex	penditures)	7
(c) TOTAL Independent Expenditures			>	7-1-1-2
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 20	2014
•				

Schedule E)	L/(1 L. (12 .			PAGE 49 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	= M / D = D / Y = Y = Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Lilly Green				09 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amour	nt
City	State	Zip Code	-	80.00
Shreveport	LA	71119		action ID : 64c9d3b6-8acd-4ea2-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	09 / 18 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	21480.34	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee Lilly Green			Date o	of Public Distribution/Dissemination
				09 18 2014
Mailing Address 205 Medallion Circle			Amour	nt
City	State	Zip Code		27.60
Shreveport	LA	71119	Transac Date of	ction ID: a2168bd3-18a9-4a24-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	09 / 18 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		121480.34	Disbursement 2014 Of	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures				107.60
(a) SOBTOTAL OF HOMEZON HASPOHAGIN EXPONENCION			,	107.00
(b) SUBTOTAL of Unitemized Independent Expenditure	÷s		•	1 7 1 7 1 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ago	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / 09	20 / 2014
Signature				

Scl	hedule E)	L/(1 L.(L.	. 1011=0				PAGE 50 OF 90 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort An	nends repo	ort filed on	M = M /	/ D D / Y Y Y Y Y
Т	Full Name of Payee Patrice Wolfe				Dat		c Distribution/Dissemination
-	Mailing Address 9909 Treasure Hill Rd					09	18 2014
					Am	ount	
			Zip Code				27.50
	Little Rock	AR	72205				ID: 4de7014a-3e72-4cd3-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			M M M 09	18 2014
Ì	Name of Federal Candidate		<u> </u>	Support	Office Sou	ıght:	House District: 00
	Mr. Mark L Pryor			Oppose		_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		92412.03		Disbursem 2014	ent For: Other (sp	Primary
Ī	Full Name of Payee Patrice Wolfe				Dat		c Distribution/Dissemination
						09	18 2014
	Mailing Address 9909 Treasure Hill Rd				Am	ount	
-	City	State	Zip Code		-		6.00
	Little Rock	AR	72205				D: c4763871-fb29-4633-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			09	18 2014
ľ	Name of Federal Candidate			Support	Office Sou	ıght:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Pres	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		92412.0	13	Disbursem 2014	nent For: Other (sp	Primary X General Decify) ▶
- (-	a) SUBTOTAL of Itemized Independent Expenditures.						22.50
(•	3) SUBTUTAL OF Remized independent Expenditures.				· ·	-	33.50
(I	b) SUBTOTAL of Unitemized Independent Expenditure	es			·· •		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(0	c) TOTAL Independent Expenditures				•		1 2 1 2
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arry committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 09	/ 20	/ Y Y Y Y Y 2014
	Signature		_				

· · · · · · · · · · · · · · · · · ·	FOR SE OF FO	RM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION I	NUMBER ▼
Women Speak Out PAC	C C00530766	
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report	YYY
Full Name of Payee	Date of Public Distribution/Diss	emination
Thomas Dias	09 / 18 / Y	2014
Mailing Address 110 Maryella Dr	Amount	
City Stat	te Zip Code	25.00
Searcy AR	Transaction ID : ce61809c-dd Date of Disbursement or Oblig	
Purpose of Expenditure Salary		2014
Name of Federal Candidate	Support Office Sought: House Distr	rict:00
Mr. Mark L Pryor	Oppose President X Senate Sta	ate: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary 2014 Other (specify) ▶	X General
Full Name of Payee Thomas Dias	Date of Public Distribution/Diss	emination 2014
Mailing Address 110 Maryella Dr	Amount	
City	te Zip Code	2.10
Searcy AF	Transaction ID : 88d028e9-4e5 Date of Disbursement or Oblig	
Purpose of Expenditure Mileage	Category/ Type 002 09 18 18	2014
Name of Federal Candidate	Support Office Sought: House Dist	rict:00
Mr. Mark L Pryor	Oppose President X Senate St	ate: AR
Calendar Year-To-Date Per Election for Office Sought	92412.03 Disbursement For: Primary 2014 Other (specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expenditures	>	27.10
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	
(c) TOTAL Independent Expenditures	·······	
	penditures reported herein were not made in cooperation, consultation, authorized committee or agent of either, or (if the reporting entity is no :.	
Ms. Emily Buchanan	[Electronically Filed] Date 09 20 2014	Y
Signature		

PAGE 51

OF

Schedule E)	0				PAGE 52 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (I					FEC IDENTIFICATION NUMBER ▼
Women Speak O	ut PAC				C C00530766
Check if 24-hour repo	ort X 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee Jennifer F Gilbo	ert				of Public Distribution/Dissemination
Mailing Address _{180 N}	IcNeil Steep Hollow Rd			Amou	09 18 2014 nt
City		State	Zip Code		40.00
Carriere		MS	39426		action ID : d5e25647-c8e1-400a-9 of Disbursement or Obligation
Purpose of Expenditur Salary	е		Category/ Type 001	M	09 / 18 / 2014
Name of Federal Cand	lidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu			X Oppose	Preside	ent Senate State: LA
Calendar Year-To- Per Election for C		, ,	21480.34	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payee Jennifer F Gilbe Mailing Address 186	rt McNeil Steep Hollow Rd				of Public Distribution/Dissemination 1 09
City		State	Zip Code		11.10
Carriere		MS	39426		action ID: b4c9e649-a948-46ec-b of Disbursement or Obligation
Purpose of Expenditur Mileage	e		Category/ Type 002	N	09 / 18 / 2014
Name of Federal Cand	didate		Support	Office Sough	nt: House District:00
Ms. Mary L Landrieu			X Oppose	Preside	
Calendar Year-To- Per Election for C		7	121480.34	Disbursemen 2014	nt For:
(a) SUBTOTAL of Item	ized Independent Expendit	ures			51.10
(b) SUBTOTAL of Unite	emized Independent Expen	nditures		· •	
(c) TOTAL Independen	t Expenditures			· -	7 7 7
with, or at the request of		idate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily E	Buchanan	[Electron	ically Filed] Date	e 09	20 / 2014
Signature					

Schedule E)	EXI END			PAGE 53 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends rep		M = M / D = D / Y = Y = Y = Y
Full Name of Payee Todd Ellis				of Public Distribution/Dissemination
Mailing Address P.O. Box 712			Amou	09 18 2014 unt
City	State	Zip Code		75.00
Alexander	AR	72002		saction ID: dc1d9383-a93c-4102-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 18 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Mr. Mark L Pryor		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, , ,	92412.03	Disbursemer 2014	nt For:
Full Name of Payee Todd Ellis				of Public Distribution/Dissemination
Mailing Address P.O. Box 712			Amou	09 18 2014 unt
City	State	Zip Code	- $ -$	17.40
Alexander	AR	72002		action ID: 86ecc836-687e-4a9f-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 / 18 / 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, ,	92412.03	Disburseme 2014	nt For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	92.40
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		>	
(c) TOTAL Independent Expenditures			··· > [
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Dat	te 09	20 / 2014

Schedule E)	INDENT EXICIO	TOTILO		PAGE 54 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
			M = M	/ D D / Y Y Y Y
Check if 24-hour report X 48-hour re	eport New repo	ort Amends repo	rt filed on	
Full Name of Payee Jeanne Tribou			Date of Pu	ublic Distribution/Dissemination
Mailing Address 22369 Ponderosa Dr.			09	18 2014
22303 T ONGC1030 DT.			Amount	
City	State	Zip Code		50.00
Mandeville	LA	70471		on ID: 366d1bfc-7c17-49e4-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	18 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	21480.34	Disbursement For 2014 Other	r: Primary General
Full Name of Payee			Date of Po	ublic Distribution/Dissemination
Jeanne Tribou			M M M	/ D D / Y Y Y Y Y Y 1 Y 1 18 2014
Mailing Address 22369 Ponderosa Dr.				10 2011
			Amount	
City	State	Zip Code		6.60
Mandeville	LA	70471	Transactio Date of D	n ID : e4dd97aa-3b88-427b-8 isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	/ 18 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	121480.34	Disbursement Fo 2014 Other	r:
(a) SUBTOTAL of Itemized Independent E	xpenditures		• •	56.60
(b) SUBTOTAL of Unitemized Independen	t Expenditures		· •	7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures			·	7 7 5 .
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized			
Ms. Emily Buchanan	[Electroni	cally Filed] Date		0 2014
Signature				

Schedule E)		ENT EXILID			PAGE 55 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour	report X 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of David					<u> </u>
Full Name of Payer Lucas H Hoy	yle				of Public Distribution/Dissemination 18 2014
Mailing Address 2	282 Falls Ave			Amou	nt
City		State	Zip Code		60.00
Granite Falls		NC	28630		action ID : c94f6754-e699-4ce1-a of Disbursement or Obligation
Purpose of Expending Salary	diture		Category/ Type 001	М	09 18 / 2014
Name of Federal (Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan			Oppose	Preside	NO.
Calendar Yea Per Election f	r-To-Date for Office Sought		317617.51	Disbursemen 2014 O	t For: Primary
Full Name of Paye Lucas H Hoy				Date	of Public Distribution/Dissemination
	ie			N	09 18 2014
Mailing Address	282 Falls Ave			Amou	nt
City		State	Zip Code	$ \Gamma$	29.70
Granite Falls		NC	28630	Transa Date	oction ID: a45f929d-36a1-4d8a-b of Disbursement or Obligation
Purpose of Expen Mileage	diture		Category/ Type 002		09 / 18 / 2014
Name of Federal	Candidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan			Oppose	Preside	
Calendar Yea Per Election	r-To-Date for Office Sought	7 1 7	317617.51	Disbursemen 2014	nt For:
(a) SUBTOTAL of	Itemized Independent Expend	litures			89.70
				· -	7 7 7
(b) SUBTOTAL of	Unitemized Independent Expe	enditures		·· •	72 1 72 1 75
(c) TOTAL Indepen	ndent Expenditures			•	
with, or at the requ		ididate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. En	nily Buchanan	[Electron	nically Filed] Date	e 09	20 / 2014
Signature			_		

Schedule E)	. EXI END			PAGE 56 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee Kaleigh J Wagner				of Public Distribution/Dissemination
Mailing Address 18065 Wayne Rd				09 18 2014
- Tooss Wayne Na			Amour	nt
City	State	Zip Code		45.00
Odessa	FL	33556		action ID: a46ca835-3358-4c61-a If Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	:: House District:00
Mr. Mark L Pryor		X Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	92412.03	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Anna C Didier				09 18 2014
Mailing Address 710 S College Rd Apt 84			Amour	nt
City	State	Zip Code		30.00
Lafayette	LA	70503		ction ID : d79f9f99-4713-4c40-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	09 18 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	121480.34	Disbursement 2014 Of	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	9		, , , ,	75.00
(a) GOD TO THE OF ROTHERON MISSPONDON EXPONDING				70.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		• •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· [7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M M /	20 2014
Signature				

Scł	hedule E)	_,,,				PAGE 57 OF 90 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					NTIFICATION NUMBER ▼
W	omen Speak Out PAC					00530766
Che	ck if 24-hour report 🔀 48-hour report Ne	ew rep	oort Amends repor	rt filed on	M = M /	D = D / Y = Y = Y
Т	Full Name of Payee	—		Data	-f Dublic I	D'ataileation (Discomination
	Anna C Didier				of Public I	Distribution/Dissemination 18 2014
	Mailing Address 710 S College Rd Apt 84			Amo	unt	
-	City State		Zip Code			3.00
	Lafayette LA		70503			: 57f8782f-9f81-4a70-9 sement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002] [09	18 / 2014
ı	Name of Federal Candidate		Support	Office Soug	ht:	House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid		
	Calendar Year-To-Date Per Election for Office Sought	1	121480.34	Disburseme	nt For: Other (spec	Primary
	Full Name of Payee Randy M Gold			Date	of Public	Distribution/Dissemination
-	Mailine Addunce				09	18 2014
Ì	Mailing Address 1436 Haigs Creek Dr			Amo	unt	
1	City State		Zip Code	$+\Box$		45.00
	Elgin SC		29045	Trans Date	saction ID :	: 2405149a-ce01-4ab5-9 sement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001] [M M / 09	18 / 2014
Ì	Name of Federal Candidate		Support	Office Soug	jht:	House District: 00
	Mr. Mark L Pryor		Oppose	Presi		
	Calendar Year-To-Date Per Election for Office Sought		92412.03	Disburseme 2014	ent For: Other (spec	Primary X General
(8	a) SUBTOTAL of Itemized Independent Expenditures					48.00
`	, 662.5.112.5.1151111212111111111111111111	•••••			7	7 7
(l	b) SUBTOTAL of Unitemized Independent Expenditures			•	-	7
(0	c) TOTAL Independent Expenditures			•	-7-	7
W	Inder penalty of perjury I certify that the independent expending or at the request or suggestion of, any candidate or authorate committee) any political party committee or its agent.					
	Ms. Emily Buchanan [E	lectron	nically Filed] Date	M = M /	20	/ Y Y Y Y Y Y Y 2014
	Signature		_			

Scł	nedule E)	71101120		PAGE 58 OF 90 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		С	C00530766
			M = M	/ D D / Y Y Y Y
Che	ck if 24-hour report X 48-hour report New rep	port Amends repo	rt filed on	
	Full Name of Payee Randy M Gold		Date of Pul	olic Distribution/Dissemination
-	Mailing Address 1436 Haigs Creek Dr		09	18 2014
	-		Amount	
ď	City State	Zip Code		14.70
L	Elgin SC	29045		n ID: 32a06dd1-86e6-41d5-a bursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	09	18 7 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	92412.03	Disbursement For: 2014 Other (Primary
r	Full Name of Payee		Date of Pu	blic Distribution/Dissemination
1	Jeffrey Hampton		M = M	/ DID / YIYIY
ŀ	Mailing Address 1700 E Part Ave		09	18 2014
	1700 ET all Ave		Amount	
ľ	City State	Zip Code		37.50
	Searcy AR	72149	Transaction Date of Dis	ID: 08c89318-6ee9-450c-b sbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	09	/ 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate	Support	Office Sought:	House District:00
	Mr. Mark L Pryor	Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	92412.03	Disbursement For 2014 Other	: Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures		•	52.20
(k	substotal of Unitemized Independent Expenditures		. •	7 1 47 1 47
(0	c) TOTAL Independent Expenditures		· •	7
W	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electron	nically Filed] Date	M / D 20	
	Signature			

Sch	edule E)	EXI EIID	TOTILO			PAGE 59 OF 90 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC ID	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC					C00530766
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends	report file	ed on Man /	D = D / Y = Y = Y
			7 mondo	Toport IIIc	, d on	
	full Name of Payee Jeffrey Hampton				Date of Public	Distribution/Dissemination
N	Mailing Address 1700 E Part Ave				Amount	
C	Dity	State	Zip Code		· · · ·	24.33
- 1	Searcy	AR	72149			D: 6a9710ad-031b-48e5-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	M M M /	18 / 2014
Ν	lame of Federal Candidate		Suppo	ort Offi	ce Sought:	House District: 00
1	Mr. Mark L Pryor		X Oppos	se	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		92412.03	Dis 201	bursement For: 4 Other (sp	Primary X General Decify) ▶
	Full Name of Payee				Date of Public	c Distribution/Dissemination
	Peggy A Sides				M M M M	18 2014
N	Mailing Address 2183 Spokane Rd					2011
					Amount	
	Dity	State	Zip Code		1	80.00
_	Fayetteville	NC	28304		Transaction ID Date of Disbu	D: e8e35fc3-6ad2-4d51-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	09	18 / 2014
1	Name of Federal Candidate		Supp	ort Offi	ice Sought:	House District: 00
	Ms. Kay Hagan		X Oppo	se	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	317617.51	Dis 20°	bursement For: 14 Other (sp	Primary X General Decify) ▶
(a)) SUBTOTAL of Itemized Independent Expenditures	S			7	104.33
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		······ >	7	4 1 4
(c)) TOTAL Independent Expenditures			······ >		
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidaterty committee) any political party committee or its a	e or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	09 / 20	2014
	Signature		_			

Schedule E)	TI EXI END	ITOTILO	_	AGE 60 OF 90 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Peggy A Sides			09	18 / 2014
Mailing Address 2183 Spokane Rd			Amount	
City	State	Zip Code		25.50
Fayetteville	NC	28304		: b37e0acc-7088-4ff3-8 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	;	317617.51	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee	_		Date of Public D	Distribution/Dissemination
Michael Vidrine			M M / 09	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1103 West Wilson Street			Amount	
City	State	Zip Code		40.00
Ville Platte	LA	70586		7aee38e2-c4dd-427b-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	121480.34	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	65.50
				7
(b) SUBTOTAL of Unitemized Independent Expend	itures)	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	M = M / D = D /	2014
-				

NAME OF COMMITTEE (In Full) Women Speak Out PAC Check if 24-hour report	NUMBER ▼
Check if 24-hour report	
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Michael Vidrine Date of Public Distribution/Distribut	
Michael Vidrine	Y
09 1 10	Y Y Y Y
Mailing Address 1103 West Wilson Street Amount	2014
City State Zip Code	31.20
Ville Platte LA 70586 Transaction ID : 5de9769b-d Date of Disbursement or Obl	44b-47a7-b
Purpose of Expenditure Mileage Category/ Type 002 M M M M O9 18	2014
Name of Federal Candidate Support Office Sought: House Dis	strict: 00
Mo Morel Londrigu	State: LA
Calendar Year-To-Date Per Election for Office Sought 121480.34 Disbursement For: □ Primary 2014 Other (specify) ▶	General
Full Name of Payee Kay Davis Date of Public Distribution/Di	Y Y Y Y
Mailing Address 5117 Carr Dr Amount	2014
City State Zip Code	20.00
Grifton NC 28530 Transaction ID : 1c72ae8a-ac Date of Disbursement or Obl	37-46e4-9
Purpose of Expenditure Salary Category/ Type 001 09 18	2014
Name of Federal Candidate Support Office Sought: House Di	strict: 00
Ms. Kay Hagan	State: NC
Calendar Year-To-Date Per Election for Office Sought 317617.51 Disbursement For: ☐ Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	51.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is reparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09 20 2014 Signature	Y

Sched	ule E)	. EXI EIID			PAGE 62 OF 90 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	*M / D = D / Y = Y = Y
Full I	Name of Payee			Date of	of Public Distribution/Dissemination
Ka	y Davis				09 18 2014
Mailii	ng Address 5117 Carr Dr			Amou	nt
City		State	Zip Code		10.80
Grift		NC	28530		action ID : 2d963832-d272-4b50-b of Disbursement or Obligation
Purp Mile	ose of Expenditure age		Category/ Type 002	М	09 18 / 2014
Nam	e of Federal Candidate		Support	Office Sough	t: House District:00
Ms.	Kay Hagan		X Oppose	Preside	NC NC
	Calendar Year-To-Date Per Election for Office Sought	, , , ,	17617.51	Disbursemen 2014 O	t For: Primary ⊠ General
	Name of Payee			Date of	of Public Distribution/Dissemination
Joh	nn W Antonetz			M	09 18 2014
Maili	ng Address 11127 Gila Valley Dr				09 18 2014
	1112. Sila valle, 2.			Amou	nt
City		State	Zip Code	— L.	30.00
	e Rock	AR	72217	Transa Date	ction ID : f8185b7a-49c1-4842-9 of Disbursement or Obligation
Purp Sala	ose of Expenditure ary		Category/ Type 001	M	09 / 18 / 2014
Nam	e of Federal Candidate		Support	Office Sough	t: House District:00
Mr. I	Mark L Pryor		X Oppose	Preside	ent State: AR
	Calendar Year-To-Date Per Election for Office Sought	7	92412.03	Disbursemen 2014 O	t For:
(a) SI	JBTOTAL of Itemized Independent Expenditure	s		•	40.80
(b) SI	JBTOTAL of Unitemized Independent Expenditu	ures		•	
(c) T(OTAL Independent Expenditures			•	7
with, c	penalty of perjury I certify that the independe or at the request or suggestion of, any candidat committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	20 / 2014
Sig	nature				

Schedule E)		PAGE 63 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New		= M / D = D / Y = Y = Y
Full Name of Payee John W Antonetz		of Public Distribution/Dissemination
Mailing Address 11127 Gila Valley Dr	Amou	09 18 2014 nt
City State Little Rock AR		3.60 action ID : edc181f2-4ca0-47d2-b of Disbursement or Obligation
Purpose of Expenditure Mileage		09 18 2014
Name of Federal Candidate	Support Office Sough	t: House District: 00
Mr. Mark L Pryor	Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought	92412.03 Disbursemen 2014 O	t For:
Full Name of Payee Tymber D Crawley		of Public Distribution/Dissemination
Mailing Address 6 Sherwood Dr	Amou	09 18 2014 nt
City State	Zip Code	30.00
Conway AR	72034 Transa	oction ID : b829fde6-07ed-4ef6-9 of Disbursement or Obligation
Purpose of Expenditure Salary		09 / 18 / 2014
Name of Federal Candidate	Support Office Sough	it: House District: 00
Mr. Mark L Pryor	Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought	92412.03 Disbursemer 2014 C	ther (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		33.60
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authori party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Elect	onically Filed] Date 09	20 / 2014

Schedule E)	I EXPEND			PAGE 64 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Tymber D Crawley			M	
Mailing Address 6 Sherwood Dr			Amount	9 18 2014
City	State	Zip Code		6.00
Conway	AR	72034		tion ID: 76924f72-8092-4f47-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	, , ,	92412.03	Disbursement F 2014 Othe	For: Primary
Full Name of Payee Tymber D Crawley			Date of	
Mailing Address 6 Sherwood Dr			Amount	9 18 2014
			/ induit	
City Conway	State AR	Zip Code 72034		30.00 ion ID : 1f63da1a-805d-49a6-b
Purpose of Expenditure Salary		Category/ Type 001	Date of 09	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7	92412.03	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	9S		·	36.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	
(c) TOTAL Independent Expenditures			•	7 7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		20 / 2014

Schedule E)	III EXI END	1101120		PAGE 65 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Tymber D Crawley			O	9 18 2014
Mailing Address 6 Sherwood Dr			Amount	
City	State	Zip Code		6.00
Conway	AR	72034		ction ID : 1fdd9b4c-7943-4405-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7	92412.03	Disbursement 2014 Oth	For: Primary
Full Name of Payee Ashley n Thompson Mailing Address 272 Westgate Ct Apt 6			Date of	Public Distribution/Dissemination 9 18 2014
City	State	Zip Code		14.50
Lexington	NC	27295	Transac Date of	tion ID : 6de5e8c9-be8e-4df3-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	9 18 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	Presider	,
Calendar Year-To-Date Per Election for Office Sought		317617.51	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		.	20.50
(b) SUBTOTAL of Unitemized Independent Expen	ıditures		•	7 1 7 1 3
(c) TOTAL Independent Expenditures			•	4 4 4
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	lidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		20 / 2014
Signature		_		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Ashley n Thompson	09 18 2014
Mailing Address 272 Westgate Ct Apt 6	Amount
City State	Zip Code 8.70
Lexington	27295 Transaction ID : 4f9a7ba7-11ec-48ed-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 09 / 18 / 2014
Name of Federal Candidate	Support Office Sought: House District:00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee Randy G Lookabill Mailing Address 200 Carawood Lane	Date of Public Distribution/Dissemination M M M / D B M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code 41.50
Lexington NC	27295 Transaction ID : bd1575e2-dc22-40ff-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 09 / 18 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	50.20
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	······································
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
	[Electronically Filed] Date 09 20 2014
Signature	

PAGE 66

OF

Schedu	ile E)	T EXI END	101120		PAGE 67 OF 90 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
		New Tep	Amenda Tepo	I med on	
	Name of Payee ndy G Lookabill				of Public Distribution/Dissemination
Mailir	ng Address 200 Carawood Lane			Amou	
City		State	Zip Code		12.60
	ngton	NC	27295		action ID : 4d89b271-d71a-4dd8-9 of Disbursement or Obligation
Purpo Milea	ose of Expenditure age		Category/ Type 002	М	09 18 / 2014
Name	e of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. ł	Kay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	3	17617.51	Disbursemen 2014 O	t For:
	Name of Payee			Date	of Public Distribution/Dissemination
Lee	e R Carter			IV	09 18 2014
Mailir	ng Address 3110 Brentwood Rd			Amou	
				Amou	
City		State	Zip Code		30.00
Rale		NC	27604	Transa Date	ction ID : c3c37914-cb12-4c1e-b of Disbursement or Obligation
Purpo Sala	ose of Expenditure rry		Category/ Type 001	TV	09 / 18 / 2014
Name	e of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. I	Kay Hagan		Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7 7	317617.51	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SU	JBTOTAL of Itemized Independent Expenditur	es		•	42.60
(b) SU	JBTOTAL of Unitemized Independent Expendi	itures		•	711711
(c) TC	OTAL Independent Expenditures			•	7 1 7 1 7
with, o	penalty of perjury I certify that the independ or at the request or suggestion of, any candid- committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sig	nature		_		

Schedule E)		01120		PAGE 68 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
	<u> </u>			M / D = D / Y = Y = Y
	New repor	t Amends repor	rt filed on	
Full Name of Payee Lee R Carter			М	Public Distribution/Dissemination 9 18 2014
Mailing Address 3110 Brentwood Rd			Amount	
City	State Z	ip Code		15.60
·		27604		ction ID : c4dd23cb-bbc8-43ce-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	
Name of Federal Candidate	1	Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presiden	NC NC
Calendar Year-To-Date Per Election for Office Sought	31	7617.51	Disbursement 2014 Oth	For: Primary X General er (specify) ►
Full Name of Payee Brandon Wheeler				Public Distribution/Dissemination
Mailing Address 10112 Piney Creek Ct				18 2014
			Amount	
City	State Z	Zip Code		30.00
	NC :	28215	Transac Date of	tion ID: 08e3fbe6-5926-4001-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		9 / 18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Noppose Noppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		92412.03	Disbursement 2014 Oth	For: Primary X General Der (specify) ►
(-) CURTOTAL of Hamised Independent Evpenditures				45.60
(a) SUBTOTAL of Itemized Independent Expenditures			·	45.60
(b) SUBTOTAL of Unitemized Independent Expenditures	es		•	7
(c) TOTAL Independent Expenditures			.	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized of			
Ms. Emily Buchanan	[Electronica	ally Filed] Date	09 /	20 / 2014
Signature				

Schedule E)	LIGHT LAILING	101120		PAGE 69 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
			M = M	/ D D / Y Y Y Y
Check if 24-hour report X 48-hour	report New report	ort Amends repo	ort filed on	
Full Name of Payee Brandon Wheeler			Date of Pu	ublic Distribution/Dissemination
Mailing Address 10112 Piney Creek Ct			09	18 2014
5 TOTTET ITTES GLEEK GL			Amount	
City	State	Zip Code		8.70
Charolette	NC	28215		on ID: 7fe55b35-f7ab-487e-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		92412.03	Disbursement For 2014 Other	r: Primary General
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Jennifer Susky			09	/ D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Mailing Address 1117 Shadow Lane				10 2014
			Amount	
City	State	Zip Code		10.00
Benton	AR	72015		n ID: 33018c22-87e6-4438-b isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	/ 18 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	92412.03	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
_				
(a) SUBTOTAL of Itemized Independent	Expenditures		•	18.70
(b) SUBTOTAL of Unitemized Independe	nt Expenditures		· • · · · ·	
(c) TOTAL Independent Expenditures			·	4 4
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09 2	0 2014
Signature		_		

Scl	hedule E)	77.01120		PAGE 70 OF 90 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	C00530766
Che	ck if 24-hour report X 48-hour report X New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
_		Amenda Tepo	Tt flied off	
	Full Name of Payee Jennifer Susky		Date of Pub	lic Distribution/Dissemination / 18 2014
	Mailing Address 1117 Shadow Lane		Amount	
ŀ	City State	Zip Code		1.50
	Benton AR	72015		ID: 319415ea-53fc-47a7-b oursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	09	18 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	92412.03	Disbursement For: 2014 Other (s	Primary ⊠ General
Γ	Full Name of Payee		Date of Pub	lic Distribution/Dissemination
1	Chris McCoy		09	18 2014
ŀ	Mailing Address 1025 Cayley Ct			2014
1	, ,		Amount	
ŀ	City State	Zip Code		70.00
	High Point NC	27260	Transaction Date of Disk	ID: 26d09893-4c05-495c-9 oursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M 09	18 / 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00
ŀ	Ms. Kay Hagan	Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	317617.51	Disbursement For: 2014 Other (s	Primary X General Specify) ►
(a	a) SUBTOTAL of Itemized Independent Expenditures		•	71.50
(1	b) SUBTOTAL of Unitemized Independent Expenditures		· •	4
(0	c) TOTAL Independent Expenditures		•	7. 1. 72. 1
W	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electron	nically Filed] Date	09 / 20	2014
	Signature			

Schedule E)	JENT EXICIO	HORLS	PAGE 71 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			09 18 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	24.30
High Point	NC	27260	Transaction ID : 5ed9689d-a355-4817-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		317617.51	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Danielle McCoy			09 / 18 / 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	50.00
High Point	NC	27260	Transaction ID : b4b2930c-04cb-4cf5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	317617.51	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		74.30
(4)			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
=			

Sche	edule E)	EXI EIVE	TOTILO		PAGE 72 FOR SE OF FOR	OF 90 RM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION N	
Woı	men Speak Out PAC				C C00530766	
Oh a alı		V Na	Amanala	war and file	M = M / D = D / Y	Y Y Y
Check	if 24-hour report X 48-hour report	X New repo	ort Amends	report file	on	
Fu	Ill Name of Payee Danielle McCoy				Date of Public Distribution/Diss	emination 2014
Ma	ailing Address 1025 Cayley Ct				Amount	
Ci	tv S	State	Zip Code			23.70
		NC	27260		Transaction ID: 88f42ead-44d Date of Disbursement or Obliga	3-4383-a
	urpose of Expenditure fileage		Category/ Type	002		2014
Na	ame of Federal Candidate		Suppo	ort Offic	e Sought: House Distr	rict: 00
М	ls. Kay Hagan		No Oppos	se	President X Senate Sta	ate: NC
	Calendar Year-To-Date Per Election for Office Sought	3	17617.51	Disk 2014		X General
	III Name of Payee				Date of Public Distribution/Diss	emination
	Eleanor McCoy				M M / D D / Y 09 18	2014
M	ailing Address 4902 Catawba Dr					
					Amount	
Ci	ity	State	Zip Code			50.00
		NC	27407		Transaction ID: f4792dd4-d8cd Date of Disbursement or Oblig	d-41fe-b ation
	urpose of Expenditure Salary		Category/ Type	001	09 / 18 / Y	2014
Na	ame of Federal Candidate		Suppo	ort Offic	e Sought: House Dist	rict:00
M	ls. Kay Hagan		X Oppos	se	President X Senate Sta	ate: NC
	Calendar Year-To-Date Per Election for Office Sought	,	317617.51	Dist 201	ursement For: Primary Other (specify) ▶	X General
				'		
(a)	SUBTOTAL of Itemized Independent Expenditures			······ >	7 7	73.70
(b)	SUBTOTAL of Unitemized Independent Expenditure	·s		······ >		
(c)	TOTAL Independent Expenditures			······ >		
with	der penalty of perjury I certify that the independent n, or at the request or suggestion of, any candidate ty committee) any political party committee or its age	or authorized				
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
	Signature					_

Schedule E)	LIVI EXI END	HONES	PAGE 73 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eleanor McCoy			09 / 18 / 2014
Mailing Address 4902 Catawba Dr			Amount
City	State	Zip Code	22.20
Greensboro	NC	27407	Transaction ID : 3c31ae12-831c-49b6-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,.,	317617.51	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Glenda McKinney			09 18 2014
Mailing Address 308 West Main Street			Amount
City	State	Zip Code	32.50
Plot Mountain	NC	27041	Transaction ID: 8c0b52e9-4f19-4a3d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		317617.51	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	dituras		. ▶ 54.70
(a) COBTOTAL OF ROTHER MINESPERIOR EXPORT	ana 00		34.70
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			·
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 20 / 2014
S.g.iataio			

Schedule E)	JENT EXTEND	TOTILO		PAGE 74 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Mr. Roger McKinney			09	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street			Amount	
City	State	Zip Code		32.50
Pilot Mountian	NC	27041		D: ae1efdf6-cef2-4b1d-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	317617.51	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Mr. Roger McKinney			09	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street			Amount	
City	State	Zip Code		17.58
Pilot Mountian	NC	27041		: 3999491c-4e2c-4b52-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 9 /	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	317617.51	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Exper	nditures			50.08
			-	7 -
(b) SUBTOTAL of Unitemized Independent Exp	penditures)	1 4 1 4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 20	2014
=				

Schedule E)	JIII JI 11122. 2.122	141 E/A E/A	1101120		PAGE 75 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour re	eport X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Carol L Walte		<u> </u>		М	of Public Distribution/Dissemination
Mailing Address 19	00 Glen West Way			Amour	09 18 2014 nt
City		State	Zip Code		95.00
Fort Smith		AR	72916		action ID : 30ef3dec-aa56-48be-9 of Disbursement or Obligation
Purpose of Expendi Salary	ture		Category/ Type 001		09 / 18 / 2014
Name of Federal Ca	andidate		Support	Office Sought	t: House District: 00
Mr. Mark L Pryor			Oppose	Preside	ent Senate State: AR
Calendar Year- Per Election fo	To-Date r Office Sought	7 7	92412.03	Disbursement 2014 Ot	t For: Primary X General
Full Name of Payer Carol L Walter					of Public Distribution/Dissemination
Mailing Address	1900 Glen West Way			Amou	09 18 2014 nt
City		State	Zip Code	-	25.20
Fort Smith		AR	72916	Transa Date of	ction ID : d9bd2d96-7718-403f-8 of Disbursement or Obligation
Purpose of Expendi Mileage	ture		Category/ Type 002	М	09 / 18 / 2014
Name of Federal C	andidate		Support	Office Sough	t: House District:00
Mr. Mark L Pryor			Oppose	Preside	
Calendar Year- Per Election fo	To-Date r Office Sought		92412.03	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Ite	emized Independent Expendit	ures			120.20
(b) SUBTOTAL of U	nitemized Independent Expen	nditures		·· •	
(c) TOTAL Independ	ent Expenditures			· [7
with, or at the reques		lidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	y Buchanan	[Electroi	nically Filed] Date	e 09 /	20 2014
Signature					

Sc	chedule E)	PAGE 76 OF 90 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed of	on Mam / Dab / Yayayay
٦	Full Name of Payee Ms. Tonya Boyd	Date of Public Distribution/Dissemination
	Mailing Address 2357 Fancy Cap Rd	09 / 18 / 2014
		Amount
	City State Zip Code	75.00
		Transaction ID : dc154df4-bd99-4c4e-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 / 18 / 2014
	Name of Federal Candidate Support Office	Sought: House District:00
	Ms Kay Hagan	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For:
	Full Name of Payee	Date of Public Distribution/Dissemination
	Ms. Tonya Boyd	09 18 2014
	Mailing Address 2357 Fancy Cap Rd	لىنى لنا لنا
		Amount
	City State Zip Code	32.94
		Transaction ID : 79df4139-aa38-45ee-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 / 18 / Y 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburg 2014	rsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	107.94
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 4 1 4 1 6
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

Schedule E)	LXI LIVE	TOTILO			PAGE 77 OF 90 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				F	EC IDENTIFICATION NUMBER	
Women Speak Out PAC					C C00530766	
Check if 24-hour report X 48-hour report	New repo	ort Amen	ıds repoi	t filed on	M / D = D / Y = Y = Y =	Y
Full Name of Payee Sharon t Craig				M		
Mailing Address 1410 Bushville Dr				0 Amount	9 18 2014	_
City	State	Zip Code			25.0	0
Lenoir	NC	28645			tion ID: d5d92452-ceba-4351-a Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type	001	0		Υ
Name of Federal Candidate		Sur	pport	Office Sought:	House District: 00)
Ms. Kay Hagan			pose	Presiden		
Calendar Year-To-Date Per Election for Office Sought	3	317617.51		Disbursement I 2014 Oth	For: Primary X Gene er (specify) ▶	∍ral ——
Full Name of Payee				Date of	Public Distribution/Dissemination	n
Sharon t Craig				M 0		Υ
Mailing Address 1410 Bushville Dr					0 10 2011	_
				Amount		
City	State	Zip Code			10.50	Π
	NC	28645		Transact Date of	ion ID: 961809ea-cd43-40ba-9 Disbursement or Obligation	_
Purpose of Expenditure Mileage		Category/ Type	002	MO	9 / 18 / 2014	Υ
Name of Federal Candidate		Su	pport	Office Sought:	House District: 00	0
Ms. Kay Hagan		X Op	pose	Presiden	t Senate State: NC	<u></u>
Calendar Year-To-Date Per Election for Office Sought		317617.51		Disbursement 2014 Oth	For: Primary X Gene er (specify) ►	eral
			'			
(a) SUBTOTAL of Itemized Independent Expenditures				>	35.50	
(b) SUBTOTAL of Unitemized Independent Expenditure	es			•	4 4	
(c) TOTAL Independent Expenditures				·	7 1 7 1 7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M /	20 2014	
Signature						

Sc	chedule E)	PAGE 78 OF 90 FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC	C C00530766
Che	neck if 24-hour report X 48-hour report New report Amends report filed	d on M=M / D=D / Y=Y=Y=Y
7	Full Name of Payee	Date of Public Distribution/Dissemination
	Sharon t Craig	09 18 2014
	Mailing Address 1410 Bushville Dr	Amount
Ì	City State Zip Code	25.00
	Lenoir NC 28645	Transaction ID : f5b4d817-94a6-4545-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 / 18 / 2014
1	Name of Federal Candidate Support Offic	ce Sought: House District: 00
Ì	Ms. Kay Hagan Oppose	President X Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary
	Full Name of Payee	Date of Public Distribution/Dissemination
Ì	Sharon t Craig	09 18 2014
1	Mailing Address 1410 Bushville Dr	09 18 2014
1	1410 Bushville B.	Amount
Ì	City State Zip Code	10.50
Ĭ.	Lenoir NC 28645	Transaction ID : 14c44caf-7e9e-4e18-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 / 18 / 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	35.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	09 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

Sche	edule E)	1 EM E	1101120		PAGE 79 OF 90 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
Check	c if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	ull Name of Payee Evelyn Lesaicherre				e of Public Distribution/Dissemination
	lailing Address 629 Radiance Ave			Amo	09 18 2014
				Allio	ount
- 1	ity	State	Zip Code		50.00
N	<i>M</i> etairie	LA	70001		e of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		09 18 2014
Na	ame of Federal Candidate		Support	Office Soug	ght: House District: 00
M	/Is. Kay Hagan		X Oppose	Presid	NO.
	Calendar Year-To-Date Per Election for Office Sought	3	317617.51	Disburseme	ent For:
	ull Name of Payee				e of Public Distribution/Dissemination
	Evelyn Lesaicherre			_ r	M = M / D = D / Y = Y = Y
M	failing Address 629 Radiance Ave			L	09 18 2014
	020 (dadiano)0			Amo	ount
С	Sity	State	Zip Code	-	9.90
N	Metairie	LA	70001	Trans Date	saction ID : 1207a9c6-3003-4a71-b e of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002		09 / 18 / 2014
N	lame of Federal Candidate		Support	Office Soug	ght: House District: 00
Ν	/Is. Kay Hagan		X Oppose	Presid	dent State: NC
	Calendar Year-To-Date Per Election for Office Sought		317617.51	Disburseme 2014	ent For: Primary
-					
(a)	SUBTOTAL of Itemized Independent Expenditure	s		··· • [59.90
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures		-	
(c)	TOTAL Independent Expenditures			··· •	7 7 7
with	der penalty of perjury I certify that the independent, or at the request or suggestion of, any candidated ty committee) any political party committee or its a	te or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09	20 2014
	Signature				

Sc	chedule E)	PAGE 80 OF 90 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC	C C00530766
 Ch	neck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
_	Full Name of Payee	Date of Public Distribution/Dissemination
	Francis Richardson	09 18 2014
	Mailing Address 220 Doucet Rd	Amount
	City State Zip Code	20.00
	Lafayette LA 70503	Transaction ID : 8f550aab-a858-4059-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms Mary Landrieu	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary General Other (specify) ▶
	Full Name of Payee	Date of Public Distribution/Dissemination
	Francis Richardson	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 220 Doucet Rd	09 18 2014
	That may reduce that the second secon	Amount
	City State Zip Code	1.50
		Transaction ID: 4e82abef-2a64-4bb4-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 / 18 / Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	21.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 05	9 20 2014
	Signature	

Sche	edule E)	L /(1 L /(2)	1101120		PAGE 81 OF 90 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	t if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M
Fu	Name of Payee Christine Stevens				of Public Distribution/Dissemination
Ma	ailing Address 100 Asbury Ct			Amou	09 18 2014 Int
Cit		State	Zip Code		80.00
	Vinchester	VA	22602		saction ID : 95514910-cfb8-4b5b-8 of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		09 18 2014
Na	ame of Federal Candidate		Support	Office Sough	nt: House District: 00
М	ls. Kay Hagan		X Oppose	Preside	ent State: NC
	Calendar Year-To-Date Per Election for Office Sought	3	317617.51	Disbursemen 2014 O	nt For:
	ull Name of Payee Jazmine d Conner				of Public Distribution/Dissemination
Ma	ailing Address 100 ASBURY CT			Amou	
Ci	ity	State	Zip Code		70.00
	VINCHESTER	VA	22602	Transa Date	action ID : dcf707ed-d498-42cd-8 of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001	N	09 / 18 / 2014
Na	ame of Federal Candidate		Support	Office Sough	nt: House District: 00
М	1s. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	317617.51	Disbursemen 2014 O	nt For: Primary
(a)	SUBTOTAL of Itemized Independent Expenditures	ş		•	150.00
(b)	SUBTOTAL of Unitemized Independent Expenditure	res		>	
(c)	TOTAL Independent Expenditures			· •	
with	der penalty of perjury I certify that the independen n, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	e or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09	20 / 2014
,	Signature				

Schedule E)	IN EXIEND	HONES	PAGE 82 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jon E Conner			09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	60.00
Winchester	VA	22602	Transaction ID: 61343653-8d28-42c3-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-	317617.51	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Rodney O Culbreath			09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	80.00
Winchester	VA	22602	Transaction ID: 344d4454-62bb-4e23-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	317617.51	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures		▶ 140.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>
(c) TOTAL Independent Expenditures			
	lidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 09 20 7 2014
- 3			

Sch	edule E)	IVI EX. E.C.	1101120		PAGE 83 OF 90 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	= M / D = D / Y = Y = Y
	Full Name of Payee			Date of	of Public Distribution/Dissemination
	Rodney D Culbreth			М	09 18 2014
٨	Mailing Address 100 Asbury CT			Amou	nt
	3200 Dam Neck Rd	Otata	7's Oads		70.00
- 1	Dity Winchester	State VA	Zip Code 22602		70.00 action ID: b350a531-f5ae-4c94-a
	Purpose of Expenditure Salary		Category/ Type 001		of Disbursement or Obligation 09 18 2014
N	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	Ms. Kay Hagan		Support Oppose	Preside	NO.
	Calendar Year-To-Date Per Election for Office Sought		317617.51	Disbursement 2014 O	t For: Primary X General
	Full Name of Payee				of Public Distribution/Dissemination
	Rze Culbreath			M	09 18 2014
	Mailing Address 100 Asbury Ct				09 18 2014
	,			Amou	nt
	City	State	Zip Code		70.00
	Winchester	VA	22602		oction ID: 28536de7-5020-4948-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	M	09 / 18 / 2014
1	Name of Federal Candidate		Support	Office Sough	t: House District:00
	Ms. Kay Hagan		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7	317617.51	Disbursemen 2014 O	t For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ures		· •	140.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	
(c)	r) TOTAL Independent Expenditures			•	7 1 7 1 6
wit	nder penalty of perjury I certify that the indepen th, or at the request or suggestion of, any candi arty committee) any political party committee or it	idate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09	20 / 2014
	Signature		_		

Sch	hedule E)	-/\(= \(\varphi\)	1011=0				PAGE 84 OF 90 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Ame	ends repo	ort filed on	M M	/ D = D / Y = Y = Y
Т	Full Name of Payee				Date	of Publi	c Distribution/Dissemination
	John P Hilkert					M M M M M M M M M M M M M M M M M M M	/ 18 2014
	Mailing Address 7 Bards Lane				Amo	ount	
-	City St	tate	Zip Code				82.50
		NC	28732				ID: 3b255a9f-6e1c-4e28-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	$\exists \mid \mid$	09	18 2014
Ì	Name of Federal Candidate		S	Support	Office Soug	aht:	House District:00
	Ms. Kay Hagan			Oppose	Presi		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	3	317617.51		Disburseme 2014	ent For: Other (sp	Primary
Γ	Full Name of Payee John P Hilkert				Date	of Publi	ic Distribution/Dissemination
	John P milkert					M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 7 Bards Lane				Amo	ount	
-	City SI	State	Zip Code				11.10
	•	NC	28732		Trans Date	saction II	D: b5509a6b-b87e-4108-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M M M M M M M M M M M M M M M M M M M	18 2014
	Name of Federal Candidate			Support	Office Sou	ght:	House District: 00
	Ms. Kay Hagan		X	Oppose	Pres	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		317617.51		Disburseme 2014	ent For: Other (s _l	Primary X General
(8	a) SUBTOTAL of Itemized Independent Expenditures				•		93.60
(k	b) SUBTOTAL of Unitemized Independent Expenditures	S				- 7	
•							7 7
(0	c) TOTAL Independent Expenditures				•	-	7
W	Inder penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate carty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	9 09	20	/ Y Y Y Y Y Y 2014
	Signature		_				

Schedule E)	.XF LIVE	TOTILS		PAGE 85 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee ERIC TABARY				of Public Distribution/Dissemination
				09 18 2014
Mailing Address 6101 NORA ST			Amou	nt
City	ate	Zip Code		80.00
METAIRIE L	_A	70003		action ID: 5e811a37-c6b2-4b5d-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 18 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	1	121480.34	Disbursemen 2014 O	t For:
Full Name of Payee ERIC TABARY				of Public Distribution/Dissemination
Mallan Adda a			I N	09 / 18 / 2014
Mailing Address 6101 NORA ST			Amou	nt
City Sta	ate	Zip Code		3.60
METAIRIE L	LA	70003		oction ID: b7b0d48b-8c19-4051-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 / 18 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		121480.34	Disbursemen 2014	
-	7			other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			•	83.60
(b) SUBTOTAL of Unitemized Independent Expenditures	; 			
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	r authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / 09	20 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature		Date	09	20 2014

Sch	nedule E)	-/(I - 11-1-)	101120				PAGE 86 FOR SE OF		0
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATIO		
W	omen Speak Out PAC					C	C00530766		
Che	ck if 24-hour report X 48-hour report	X New repo	ort Amend	ds repo	rt filed on	- M /	D D /	Y Y Y	Y
	Full Name of Payee Rachel H Young					of Public	: Distribution/E	Dissemination	
	Mailing Address Box #11543 915 E Market Ave				Amou	09 nt	18	2014	_
H	City St	tate	Zip Code					20.0	10
-		AR	72149				D: 7ad2b580- rsement or Ol	53b5-405d	
	Purpose of Expenditure Salary		Category/ Type	001		09 /	18	2014	Y
ı	Name of Federal Candidate		Sup	port	Office Sough	t:	House D	oistrict: 0	0
	Mr. Mark L Pryor		Х Орр	oose	Preside	ent >	Senate	State: AF	₹
	Calendar Year-To-Date Per Election for Office Sought		92412.03		Disbursement 2014 O	t For: ther (sp	Primary ecify) ▶	X Gen	eral
	Full Name of Payee Rachel H Young Mailing Address Box #11543 915 E Market Ave					09	Distribution/I	Dissemination 2014	
ŀ	City Si	tate	Zip Code					2.43	3
	Searcy	AR	72149		Transa Date	ction ID	: 0f9b8102-6 irsement or O	d18-458f-9 bligation	_
	Purpose of Expenditure Mileage		Category/ Type	002		09	18	2014	Y
	Name of Federal Candidate		Sup	port	Office Sough	t:	House [District:C	00
	Mr. Mark L Pryor		X Opp	oose	Presid	ent >	Senate	State: Al	R
	Calendar Year-To-Date Per Election for Office Sought		92412.03		Disbursemer 2014	t For: ther (sp	Primary ecify) ▶	X Gen	eral
(8	a) SUBTOTAL of Itemized Independent Expenditures				•		7	22.43	
(k	b) SUBTOTAL of Unitemized Independent Expenditures	3			•	7			
(0	c) TOTAL Independent Expenditures				•	-7	7		
W	nder penalty of perjury I certify that the independent eith, or at the request or suggestion of, any candidate carty committee) any political party committee or its age	or authorized							
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	09 /	20	2014		
	Signature								

Schedule E)	PENT EXICIO	TIONES	PAGE 87 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
James Tatro			09 / 18 / 2014
Mailing Address 1208 Braeburn Rd			Amount
City	State	Zip Code	80.00
Charlotte	NC	28211	Transaction ID : c90879a4-84c8-49c0-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 18 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		317617.51	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
James Tatro			09 18 2014
Mailing Address 1208 Braeburn Rd			Amount
City	State	Zip Code	7.20
Charlotte	NC	28211	Transaction ID: 24ab95e0-3ed1-4f12-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		317617.51	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		87.20
			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			•
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	110E: E110E11. EA. E	1101120		PAGE 88 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC	· ;			C00530766
Check if 24-hour report	48-hour report New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Earl Stewart			Date of Public	Distribution/Dissemination
Mailing Address 9455 Snow Ca	mp Road		Amount	18 2014
			7 dillodin	
City	State	Zip Code		45.00
Snowcamp	NC	27349		D: 7782f45e-5324-4cbd-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sou	ght 3	317617.51	Disbursement For: 2014 Other (sp.	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Earl Stewart			M M /	18 2014
Mailing Address 9455 Snow (Camp Road		Amount	
City	State	Zip Code		5.40
Snowcamp	NC	27349	Transaction ID Date of Disbu	D: f717f608-74a1-49ab-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sou	ight	317617.51	Disbursement For: 2014 Other (sp	Primary
(a) CURTOTAL of Homizod Indo	The second secon			50.40
(a) SUBTUTAL OF REMIZED THUE	pendent Expenditures		· -	50.40
(b) SUBTOTAL of Unitemized In	dependent Expenditures		•	7
(c) TOTAL Independent Expendi	itures		•	
	that the independent expenditures stion of, any candidate or authorized rty committee or its agent.			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / D D D 20	2014
Signature				

Schedule E)	LIVI EXI END	TTOTILO	PAGE 89 OF 90 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Billy Martin			09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 250 JS Brewton rd			Amount
City	State	Zip Code	40.00
goldonna	LA	71031	Transaction ID: 953d4452-5cdc-4eb8-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,.,	121480.34	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Billy Martin			09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 250 JS Brewton rd			Amount
City	State	Zip Code	3.60
goldonna	LA	71031	Transaction ID : 2b3b639e-a012-47d6-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 18 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		121480.34	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		43.60
(b) SUBTOTAL of Unitemized Independent Exp	enditures		. •
(c) TOTAL Independent Expenditures			
	ndidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 09 20 7 2014

Sc	chedule E)	PAGE 90 OF 90 FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed or	n M = M / D = D / Y = Y = Y
1		Date of Public Distribution/Dissemination
	Serena A Jones	09 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 7151 Mullins Drive	Amount
	City State Zip Code	60.00
		Transaction ID : cbcfbfc2-e50e-455e-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 18 2014
	Name of Federal Candidate Support Office S	Sought: House District:00
	Ms. Kay Hagan	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary
		Date of Public Distribution/Dissemination
	Serena A Jones	M = M / D = D / Y = Y = Y = Y
	Mailing Address 7151 Mullins Drive	09 18 2014
	- 7 TOT Walling Blive	Amount
	City State Zip Code	59.10
		ransaction ID : 42188af7-4fe0-445b-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 / 18 / 2014
	Name of Federal Candidate Support Office S	Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	119.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	5814.15
,	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 09	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	